

M23000006231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

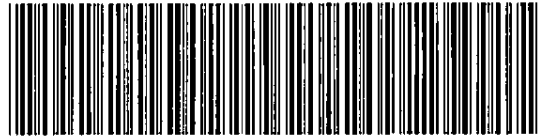
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Rec'd  
5-9-23

W23000038752

Office Use Only



200402887202

00129.22--01010--035 \*\*160.00

2023 MAY -9 PM 12:30  
STATE OF MASSACHUSETTS  
REGISTRY OF DEEDS

FILED

M. SOLOMON

MAY 12 2023



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Shark Bite Racing LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Air Power Racing LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Automotive service, race car storage Utah 88-0624630
(Jurisdiction under the law of which foreign limited liability company is organized) (F.I. number, if applicable)

4. 03/01/2023
(Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 4925 Crescent Technical Ct
(Street Address of Principal Office)
Saint Augustine
FL, 32086

6. 4925 Crescent Technical Ct
(Mailing Address)
Saint Augustine
FL, 32086

FILED
2023 MAY -9 PM 12:31

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Weston Farmer
Office Address: 4925 Crescent Technical Ct
Saint Augustine, Florida 32086
(City) (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Brandon Tolley</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Weston Farmer</u>
<input checked="" type="checkbox"/> Member	Address: <u>1764 Brett St</u>	<input type="checkbox"/> Member	Address: <u>17 Privacy Ln</u>
<input type="checkbox"/> Authorized	<u>tooele, UT 84074</u>	<input type="checkbox"/> Authorized	<u>Palm Coast, FL 32164</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <sup>Owner</sup>	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

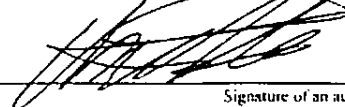
2023 MAR -9 PM 12:31  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

FILED

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 Weston Farmer  
 \_\_\_\_\_  
 Typed or printed name of signee



**Utah Department of Commerce**  
**Division of Corporations & Commercial Code**  
160 East 300 South, 2nd Floor, PO Box 146705  
Salt Lake City, UT 84114-6705  
Service Center: (801) 530-4849  
Toll Free: (877) 526-3994 Utah Residents  
Fax: (801) 530-6438  
Web Site: <http://www.commerce.utah.gov>

05/04/2023  
12701484-016005042023-1543484

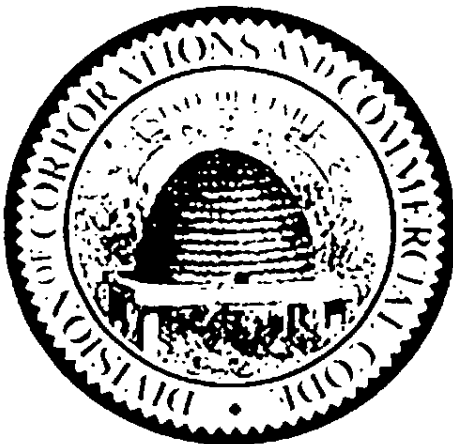
---

---

## CERTIFICATE OF EXISTENCE

**Registration Number:** 12701484-0160  
**Business Name:** SHARK BITE RACING LLC  
**Registered Date:** February 10, 2022  
**Entity Type:** LLC - Domestic  
**Status:** Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (**unless Delinquent**); and, that Articles of Dissolution have not been filed.



Leigh Veillette  
Director  
Division of Corporations and Commercial Code

---

---



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2023

BRANDON TOLLEY  
1764 BRETT STREET  
TOOELE, UT 84074

SUBJECT: SHARK BITE RACING LLC  
Ref. Number: W23000038752

We have received your document for SHARK BITE RACING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 223A00006549

RECEIVED  
MAY - 9 2023