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(Red	questor's Name)			
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(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
·(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to F	Filing Officer:			
		:		





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02/06/12--01026--020 **1061.25



B. BOSTICK

FEB 2 1 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RideNow Management LLLP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Tina Garner				
	Contact Person			
RideNow Mana	agement LLLP			
	Firm/Company			
6655 S. Kyrene	e Rd			
	Address			
Tempe, AZ 852	283			
Ci	ty, State and Zip Code			
tgarner@ridenov	v.com			
E-mail address: (to be u	ised for future annual repoi	rt notification)		
For further information co	oncerning this matter, pleas	se call:		
Tina Garner	-	at (480	755-5268	
Name of Contac	t Person	——· \ /·	Daytime Telephone Number	
Enclosed is a check for th	e following amount:			
□ \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	□ \$1,008.75 Filing Fees and Certificate of Status	1 \$1,052.50 Filing and Certified Copy		12 FEB
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle	MAILING ADDR Registration Section Division of Corpora P. O. Box 6327 Tallahassee, FL 32	n ations	20 AN 8:56 SSLELFLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

(Name of I	Partnership suffixes: Limited Partne	ability Limited Partnership, which mu. ership, Limited, i.P., LP, or Ltd. s: Limited Liability Limited Partnership.		
If name unavailabl	•	nership or limited liability limited partne rida: must contain acceptable suffix. 3 January 1, 2012		gister to transac
St	ate or Country of Formation	3. January 1, 2012 Date of For	rmation	
4. Federal Employe	r Identification Number: 27-508	2537		,
	ed Agent for Service of Process and		·	·
3880 N US F	Highway 441			,
Ocala, FL 34	**************************************			
my position as regi	stered agent.	ormance of my duties, and I am familiar ure of Registered Agent	-	, ,
7. Principal Office:	Signati	2	P _C	
6655 S. Kyre	ne Rd	8. Mailing Address: 6655 S. Kyrene Rd	12 FEB	ang i
Tempe, AZ 8		Tempe, Az 85283	388 888	e mana
			FLOW CO.	- Address
9. If limited partners	hip is a limited liability limited par	rtnership, check box .	- 56 - RID!	
10. Name, principal of	office address, and mailing address	s of each gengxal partner:		
Name of General F	_{artner:} William R Coulter	Name of General Partner: M	ark A Tkach	
Street Address: 1188 E Camelback	188 E Camelback	Street Address: 6655 S	. Kyrene Rd	
	Phoenix, AZ 85014		Tempe, Az 85283	
Mailing Address:	·	Mailing Address:		
Name of General P	artner:	Name of General Partner:		
Street Address:		Street Address:		M19

Mailing Address:

Mailing Address:

Name of General P	artner;	1 of 2 Name of General Partners_			
Street Address:		Street Address:			
 Mailing Address:		Mailing Address:			
11. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) 12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized. Signed this					
	Signature of a g	eneral partner			

The individual signing this document affirm that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree fellowy as provided for in 5.817.135, F.5.

Filing Fees:

\$1,000.00 (\$965 Filling Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional):

\$52,50

\$8.75

Page 2 of 2

CJT (C)

STATE OF ARIZONA

Department of State



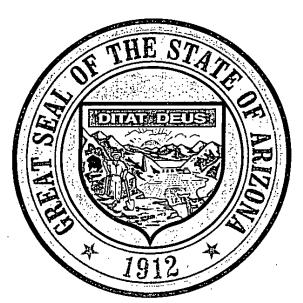
LIMITED LIABILITY LIMITED PARTNERSHIP CERTIFICATION

Issued on 02/09/2012

I, Ken Bennett, Secretary of State, do hereby certify that RIDE NOW MANAGEMENT, LLLP with file number 6002264 was filed as a Limited Liability Limited Partnership on 04/01/2009.

ALFRED J. OLSEN, P.C. 301 EAST VIRGINIA AVENUE SUITE 3300 PHOENIX AZ 85004-

7/14/2011 Annual Report 7/8/2011 Annual Report 6/23/2009 Published Name 4/1/2009 Application 12 FEB 20 All 0: 56



Registration Date: 04/01/2009

Date First Used:

Limited Liability Limited Partnership No.: 6002264

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Arizona. Done at Phoenix, the capitol, this 9 day of February, 2012.

KEN BENNETT



February 7, 2012

TINA GARNER 6655 S. KYRENE ROAD TEMPE, AZ 85283

SUBJECT: RIDENOW MANAGEMENT, LLLP

Ref. Number: W12000007356

We have received your document for RIDENOW MANAGEMENT, LLLP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6028.

Letter Number: 212A00005177

Barbara Bostick Regulatory Specialist II

www.sunbiz.org