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SECTION 17
2:55 PM
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Cert

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOTORCYCLE ACCESSORY WAREHOUSE INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert Salmon
(Name of Person)

MOTORCYCLE ACCESSORY WAREHOUSE INC
(Firm/Company)

340 NORTH HIGHWAY 17/92
(Address)

LONGWOOD FL 32750
(City/State and Zip code)

For further information concerning this matter, please call:

BOB SALMON at (407) 332-8549
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2005

ROBERT SALMON
MOTORCYCLE ACCESSORY WAREHOUSE INC.
340 NORTH HIGHWAY 17/92
LONGWOOD, FL 327-50

SUBJECT: MOTORCYCLE ACCESSORY WAREHOUSE INC.
Ref. Number: W05000052775

We have received your document for MOTORCYCLE ACCESSORY WAREHOUSE INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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 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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 505A00069482

RECEIVED
NOV 30 2005
11:17 AM

FILED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. MOTORCYCLE ACCESSORY WAREHOUSE INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Colombia 3. 84-1468303
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JULY 1998 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11/7/05
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 340 NORTH HIGHWAY 17/92 LONGWOOD FL
(Principal office address) 32750

SAME
(Current mailing address)

8. RETAIL SALES
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

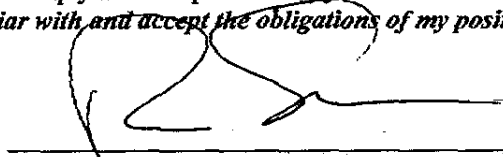
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ROBERT SALMON

Office Address: 340 NORTH HIGHWAY 17/92
LONGWOOD, Florida 32750
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ROBERT SALMON

Address: 340 NORTH HIGHWAY 17/92
LONGWOOD FL 32750

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: RICHARD SCHENCK

Address: 1721 N. EMERALD BAY EAGLE ID 83616

Vice President: _____

Address: _____

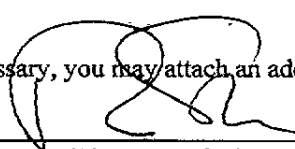
Secretary: ROBERT SALMON

Address: 340 NORTH HIGHWAY 17/92 LONGWOOD FL 32750

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. ROBERT SALMON CEO
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Ginette Dennis, as the Secretary of State of the State of Colorado, hereby certify that,
according to the records of this office,
MOTORCYCLE ACCESSORY WAREHOUSE, INC.

is a
Corporation

formed or registered on 07/07/1998 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19981123393 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/30/2005 that have been posted, and by documents delivered to this office electronically through 12/02/2005 @ 15:05:45 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 12/02/2005 @ 15:05:45 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6360617 .



Ginette Dennis

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."