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PICK-UP	MAIT WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS 3/2

COVER LETTER

TO:	New Filing Section Division of Corporations			
SHRI	ECT: U S Tire Service, Inc.			
5020	Name of corpo	ration - must in	nclude suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corporation icate of Existence," or "Certificate of Good referenced foreign corporation to transact by	d Standing" and	d check are subm	
Please	return all correspondence concerning this r	matter to the fo	llowing:	
Raqı	uel M Herrera			
	Nar	ne of Person		
Owr	ner / President			
	Firm	n/Company		
300	3 Foxhorn Rd			
		Address		
Jack	sonville, NC 28546			
	City/S	State and Zip co	ode	
ustire	eservice@yahoo.com			
	E-mail address: (to be	used for future	annual report no	tification)
For fur	ther information concerning this matter, pl	ease call:		
Ragi	uel M Herrera at (91	10 \ 388	-8147	
			Daytime Telephor	ne Number
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING AD New Filing Sect Division of Cor P.O. Box 6327 Tallahassee, FL	ion porations
Enclos	ed is a check for the following amount:			,
☐ ^{\$}	70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status &



February 16, 2011

RAQUEL M HERRERA 3003 FOXHORN ROAD JACKSONVILLE, NC 28546

SUBJECT: U S TIRE SERVICE, INC.

Ref. Number: W11000009366

We have received your document for U S TIRE SERVICE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Letter Number: 811A00004019

Ruby Dunlap Regulatory Specialist II

www.sunbiz.org

**

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.

(If name unavailab	le in Florida, enter alternate corporate r	name adopted	for the purpose of transacti	ng business in Florida)
	NC Onslow County	3	27-47056	
(State or country un	der the law of which it is incorporated))	(FEI number, if app	olicable)
24th day o	f January, 2011	_ 5	" perpetual "	
(Date of	f incorporation)	(Durati	on: Year corp. will cease to	o exist or "perpetual")
				
	(Date first transacted busin (SEE SECTIONS 607.1501 & 6			lity)
	3003 Foxhorn Rd Jacks	onville, N	C 28546	
	(Principal office	e address)		
	3003 Foxhorn Rd Jacks	sonville,	Nc 28546	
	(Current mailing	g address)		
·				
(Purpose(s)	of corporation authorized in home state	or country to	be carried out in state of Fl	orida)
(Purpose(s)	of corporation authorized in home state	_		orida)
(Purpose(s) o	address of Florida registered agent:	(P.O. Box]		orida) SECRE
(Purpose(s) of Name and street in Name:	address of Florida registered agent: Francisco A Perez	(P.O. Box]		11 FEB
(Purpose(s) of Name and street and Name:	address of Florida registered agent:	(P.O. Box)	<u>NOT</u> acceptable)	11 FEB 28 SECRETARY
(Purpose(s) of Name and street and Name:	address of Florida registered agent: Francisco A Perez	(P.O. Box)	NOT acceptable)	11 FEB 28 SECRETARY
(Purpose(s) of Name and street in Name:	Francisco A Perez 8430 Nw 8 St Apt A-1	(P.O. Box)		11 FEB
(Purpose(s) of Name and street and Name: Name: ffice Address:	Francisco A Perez 8430 Nw 8 St Apt A-1 Miami (City)	(P.O. Box)	NOT acceptable)	11 FEB 28 AH II: SECRETARY OF ST TALLAHASSEE FLO
Name and street: Name: ffice Address: Registered age aving been named	Francisco A Perez 8430 Nw 8 St Apt A-1 Miami (City) nt's acceptance: It as registered agent:	(P.O. Box)	NOT acceptable) Florida 33126 (Zip code)	11 FEB 28 AM II: 51 SECRETARY OF STATE TALLAHASSEE FLORIDA d corporation at the pla
Name and street: Name: ffice Address: Name: Registered age aving been named esignated in this a	Francisco A Perez 8430 Nw 8 St Apt A-1 Miami (City) nt's acceptance: It as registered agent and to accept application, I hereby accept the application, I hereby accept the application.	(P.O. Box) 1 service of prointment as	NOT acceptable) Storida 33126 (Zip code) occess for the above state registered agent and agr	11 FEB 28 AM 11: 51 SECRETARY OF STATE Ad corporation at the pla the to act in this capacity
Name and street in Name: Name: ffice Address: Name: Registered age aving been named in this appropriate to compare to	Republication, I hereby accept the apply with the provisions of all status	(P.O. Box) 1 service of prointment as ates relative to	NOT acceptable) Florida 33126 (Zip code) ocess for the above state registered agent and agro the proper and comple	11 FEB 28 AM 11: 51 SECRETARY OF STATE Ad corporation at the pla the to act in this capacity
Name and street: Name: Name: Office Address: O. Registered age laving been named esignated in this aparther agree to con	Francisco A Perez 8430 Nw 8 St Apt A-1 Miami (City) nt's acceptance: It as registered agent and to accept application, I hereby accept the application, I hereby accept the application.	(P.O. Box) 1 service of prointment as ates relative to	NOT acceptable) Florida 33126 (Zip code) ocess for the above state registered agent and agro the proper and comple	11 FEB 28 AM 11: 51 SECRETARY OF STATE Ad corporation at the pla the to act in this capacity
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(Purpose(s) of Name and street in Name: Name: Office Address: O. Registered age laving been named esignated in this aparther agree to com	Republication, I hereby accept the apply with the provisions of all status	(P.O. Box) 1 service of prointment as ates relative to	NOT acceptable) Florida 33126 (Zip code) ocess for the above state registered agent and agro the proper and comple	11 FEB 28 AM 11: 51 SECRETARY OF STATE Ad corporation at the pla the to act in this capacity

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: For Some Division A. DIRECTORS Raquel M Herrera Chairman: 3003 Foxhorn Rd Address: Jacksonville, NC 28546 Vice Chairman: Address: _ Address: Director: Address: **B. OFFICERS** Address: Vice President: Address: Francisco A Perez 8430 Nw 8 St Apt A-11 Miami, Fl 33126 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer 13. _____ The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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. Raquel m Herrera Owner / President

(Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

U S TIRE SERVICE, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 24th day of January, 2011, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of February, 2011.

Elaine J. Marshall

Secretary of State