

F11000004090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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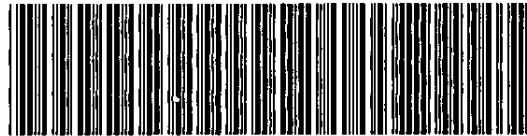
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 13 2011
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2011-48762
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Alliance Powersports, 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," or "Certificate of Good Standing" 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:

Gene Chang

Name of Person

Alliance Powersports, Inc.

Firm/Company

3788 Milliken Ave. Unit C

Address

Mira Loma, CA 91752

City/State and Zip code

trinnie24@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trinnie Lee

Name of Person

at (951) 361-9000 Ext 105

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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

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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. Alliance Powersports, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"INC.," "CO.," "Corp.," "Inc.," "Co." or "Corp.")

ALLIANCE - SYM INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 27-0883460
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/26/2009 5. Perpetual
(Date of incorporation) (Duration: Your corp. will cease to exist or "perpetual")

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

7. 3788 Milliken Ave. Suite C, Mira Loma, CA 91752
(Principal office address)

3788 Milliken Ave. Suite C, Mira Loma, CA 91752
(Current mailing address)

8. Selling Sanyang / SYM Moped Scooters 50cc and greater.
(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 Tropical Scooter, LLC

Office Address: 11610 Seminole Blvd

Largo Florida 33778
(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,
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.

Michelle R. Stanley
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Gene Chang

Address: 5603 Scharf Ave.

Fontana, CA 92336

Vice President: Trinnie Lee

Address: 5603 Scharf Ave.

Fontana, CA 92336

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TALLAHASSEE, FLORIDA

Secretary: _____

Address: _____

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

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.

14. Trinnie Lee 1

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

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ALLIANCE POWERSPORTS, INC.

FILE NUMBER: C3233524
FORMATION DATE: 08/27/2009
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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TALLAHASSEE, FLORIDA

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 08, 2011.

Debra Bowen

DEBRA BOWEN
Secretary of State