

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-0821
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FOREIGN PROFIT/NONPROFIT CORPORATION
GLOBAL TIRE DISTRIBUTION, INC.

Certificate of Status	0
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T. Burch MAY 21 2012

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850-817-8381 5/18/2012 10:17:21 AM PAGE 1/001 Fax Server



May 18, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSC

SUBJECT: GLOBAL TIRE DISTRIBUTION, INC.
REF: W12000027730

RESUBMIT
Please give original
submission date as file date.

17

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6052.

Pamela Smith
Regulatory Specialist II

FAX Aud. #: H12000133786
Letter Number: 812A00014691

FROM : BEHAR LAW GROUP

FAX NO. : 954 524 0088

May. 17 2012 12:56PM P2

**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. GLOBAL TIRE DISTRIBUTION, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. DE

(State or country under the law of which it is incorporated)

3. _____

(FBI number, if applicable)

4. 05-15-12

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

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

7. 1 NORTH OCEAN BLVD, SUITE 907, POMPANO BEACH, FL 33062

(Principal office address)

SAME

(Current mailing address)

8. ANY AND ALL LAWFUL BUSINESS

(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: LARRY J. BEHAR, ESQ

Office Address: 888 S.E. 3RD AVE, SUITE 400

FT. LAUDERDALE, Florida 33316

(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.

By: Larry J. Behar

(Registered agent's signature) LARRY J. BEHAR

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.

FILED

12 MAY 17 PM 3:15

SECRETARY OF STATE
ALLIANCE

FROM : BEHAR LAW GROUP

FAX NO. : 954 524 0088

May. 17 2012 12:57PM P3

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ROBERT CHARTRANDAddress: 1 NORTH OCEAN BLVD, SUITE 907POMPANO BEACH, FL 33062

Director: _____

Address: _____

B. OFFICERSPresident: ROBERT CHARTRANDAddress: 1 NORTH OCEAN BLVD, SUITE 907POMPANO BEACH, FL 33062

Vice President: _____

Address: _____

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. ROBERT CHARTRAND

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

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12 MAY 17 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLOBAL TIRE DISTRIBUTION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBAL TIRE DISTRIBUTION, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF MAY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

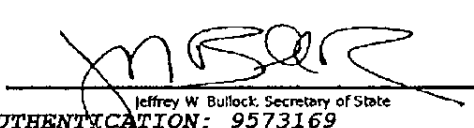
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at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9573169

DATE: 05-15-12