Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170003188663)))



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	Doing s	will generate another cover sheet.	<u> </u>
To:	48 4.1.111 State		
10.	Division of Cor	norations	Ξ.
		: (858)617-6383	2:
From:			
	Account Name	: C T CORPORATION SYSTEM	- ,
	Account Number	: FCA000000023	
	Phone	: (512)418-6949	
	Fax Number	: (954)208-0845 Si	- -;
ar	nnual report maili	s for this business entity to be used on the second one email address plea	for future se.**
En	mail Address:		

URBAN RIDERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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Electronic Filing Menu

Corporate Filing Nienu

Help

S. WARREN DEC 0 6 2017

COVER LETTER

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	tration Section						
SUBJECT:	URBAN RID	ers, inc.					
SODSECT		Name of	corporatio	n - n	ust include suffix		
Dear Sir or M	ladam:				•		
"Certificate o	f Existence. (by Foreign Corpor "Certificate corporation to tra	of Good Sta	indin	gil and check are subi	t Business in Florida," nitted to register the	
Please return	all correspond	lenes concernin	g this matt	er to	the following:		
BRUCE HOO							
			Name o	î Per	son		
WITHERS BE	RGMAN LLP					_	
			Firm/Co	mpar	sy .		
430 PARK A\	VENUE, TOTH	FLOOR					
			Add	r¢s5			
NEW YORK.	NEW YORK I	0022					
			City/State	and 2	Zip code		
BRUCE.HOO	D@WITHERS	WORLDWIDE.C	00M			eti Fostion)	
		∃-meil address:	(to be used	i lor	future annual report n	omicatory	
For further in	iformation con	cerning this ma	uter, please	call:			
NICOLE WICKHAM			212 at (,	848-9879		
	ne of Person		Area Co	ode	848-9879 Daytime Teleph	none Number	
Regi: Divis Clift: 2661	EET/COURI stration Section sion of Corpor on Building Executive Co thassec, FL 33	ations nter Circle	i:		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fi	action rporations	
Enclosed is a	check for the	following amo	unt:				
□ \$70.00 Fi	lling Fec I	\$78.75 Filing Certificate o			78.75 Filing Fee & Certified Copy	S87.50 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.

"Inc.," "Co.," Co	rporation; must include "INCORPORATED," rp," "Inc," "Co," or "Corp.")		,		
	e e e				
(If name unavails	ble in Florida, enter alternate corporate name t	adopted for the purpose of transacting bu-	siness in Florida)		
DELAWARE	3.	2-2008687			
(State or country	under the law of which it is incorporated)	(FEI number, if applica	ible)		
06/21/2017	5.				
(Date	of incorporation)	(Date of duration, if other than	perpetual)		
N/A		<u> </u>			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty-liability)			
429 LENOX AVI	ENUE, MIAMI BEACH, FLORIDA 33139				
`	(Princip	17			
		ng address, if different)	——————————————————————————————————————		
	(Current maint	ng acoress, it differenty			
Name and street	a address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)			
Name:	C T Corporation System		55 5		
Diffice Address:	1200 South Pine Island Road		20 A B B		
	Plantation	, Florida 33324	-		
	(City)	(Zip code)			
	anala anaantawar	s: 6::			
. Registered at	ent's acceptance: ned as registered agent and to accept serv	ing of aminage for the whove stated co	orporation at the plac		

duties, and I am familiar with and accept the obligations of my position as registere

(Regist (c) agent's sir inture)

10. 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.

11. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman:			
Address:			
Vice Chairman: 97			
Address:			
Director MAURICIO SEPULVEDA			
Address: 429 Lenox Avenue, Miami Beach, Florida 33139			
Director:	2:5.		
Address:		7) OEE	
	25.11 25.11		
B. OFFICERS		2	1
President:			
Address:	<u></u>	<u>Ö</u>	
		ф. 	
Vice President:			
Ad:lress:			
Secretary: Mauricio Sepulveda			
Address: 429 Lenox Avenue, Miami Beach, Florida 33139		_ -	
Treasurer Mauricio Sapulveda			
Address: 429 Lenox Avenue, Miami Beach, Florida 33139			
the analysis of the application listing additional officers and of	r directors.		
12 Troping The Salvare			•
Signature of which is a property of Tirms that the	facts stated h	rerein	
The officer or director signing this decument (and who is used in intimet 17 above, in this decument are true and that he or she is aware that felse information submitted in a document to the Department a third degree felony as provided to in s.817.155, F.S.	-		
			-
13. Mauricio Sepuleda (Typed or printed name and expecity of person signing application)			

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "URBAN RIDERS, 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 FIRST DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

, . . .

6453047 .8300

SR# 20177344434

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203669818

Date: 12-01-17