# FIADOQOO 1547

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800326413108

03/19/19--01015--015 \*\*70.00

2019 HAR 1 9 PM 1: 53

BRUCE APR 01 2019

### **COVER LETTER**

TO: Registratio	n Section f Corporations						
	tel Ride Enterprises, Inc	c.					
SUBJECT:	Namo	of corporatio	n - must i	nclude suffix			
Dear Sir or Madam	1:						
"Certificate of Exis	olication by Foreign C stence." or "Certifica oreign corporation to	te of Good Sta	ınding" ar	d check are su			
	rrespondence concer	ning this matte	er to the fo	ollowing:			
Judah Longgrear							
		Name of	f Person				
Nickel Ride Enterpri	ises, Inc.						
		Firm/Coi	mpany				
2401 First Street, Su	ite 260						
		Addı	ress			골(Y)	610 <b>4</b>
Fort Myers, FL 3390	)1					<b>一</b> 公	品
		City/State	and Zip co	ode		35	
judah@thenickelride							<b>⊕</b> !
	E-mail addre	ss: (to be used	for future	annual report	notification)	7:71	<u> </u>
For further informa	ation concerning this	matter, please	call:			STATE STATE	1: 53
Judah Longgrear		.304 at (	615-0	615-0938			
Name of F	rerson	Area Co	de	Daytime Telep	phone Number		
Registratio Division of Clifton Bu 2661 Exec Tallahasse	f Corporations			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27		
■ \$70.00 Filing F	•	ng Fee &		Filing Fee & ed Copy		Filing Fed tate of Stated Copy	

## 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.

Nickel Ride Ent  (Enter name of c "Inc.," "Co.," "C	erprises. Inc.  orporation: must include "INCORPORATED.  orp." "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATION,			
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)		
Delaware	·	• • • • •			
		(FEI number, if app	(FEI number, if applicable)		
September 28, 2	9018 5.				
(Date of incorporation) 5.		(Date of duration, if other th	(Date of duration, if other than perpetual)		
	(Princi	pal office address)			
	(Current mail	ng address, if different)			
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P. Judah Longgrear	<del></del> ,	2019 MAR		
Office Address:	2401 First Street, Suite 260		ASS.		
	Fort Myers	33901 , Florida			
	(City)	(Zip code)	08 E		
			5 HG		

#### 9. 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 signature)

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:

	ECTORS  Judah Longgrear			
	:			
Address:				
Vice Chai	rman:			
Address:				
	Tristan Turner			
	2401 First Street, Suite 260, Fort Myers, FL 33904			
		_		
Director:			<del></del>	
Address:	<u> </u>			
B. OFF	ICERS			_
President:	Judah Longgrear			
	2401 First Street, Suite 260, Fort Myers, FL 33901			
		24 SE	2019	(TEL: YEAR)
Vice Pres	ident:	25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00 25.00	HAR	1 (
		SSE	6 1	
rtaares		7	11	171
Secretary:	Tristan Turner	0::	6J	المسريوا
Address:	2401 First Street, Suite 260, Fort Myers, FL 33901	<del></del>	ಹ	
Treasurer	Judah Longgrear			
Address:	2401 First Street, Suite 260, Fort Myers, FL 33901			
NOTE:	If necessary you may attach an addendum to the application listing additional officers and/o	or direc	tors.	
12	Judeh Longon			_
are true a	Signature of Director or Officer ser or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department egree felony as provided for in s.817.155, F.S.			
13. Juda	h Longgrear, Presidnet			
	(Typed or printed name and canacity of person signing application)			

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NICKEL RIDE ENTERPRISES, 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 FOURTEENTH DAY OF MARCH, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NICKEL RIDE ENTERPRISES, INC" WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2018.

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

Authentication: 202438541

Date: 03-14-19

7081076 8300 SR# 20191964284