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COVER LETTER

TO:		tration Section ion of Corpora					
SUBJ	ECT·	TIRE AGENT	CORP				
50 D 0	DC I.		Name of corporatio	n - mu	st include suffix		
Dear S	ir or M	adam:					
"Certif	ficate of	f Existence," c	by Foreign Corporation for or "Certificate of Good Sta rporation to transact busin	nding'	and check are sub-		
Please	return	all correspond	ence concerning this matte	r to th	e following:		
Daniel	Ayzenb	erg					
			Name of	Perso	n		
Ayzeni	berg Coi	asulting LLC					
	<u> </u>		Firm/Cor	npany			
110 Dt	iane Stro	eet, Ste 1C					
			Add	ress			
New Y	ork, NY	10001					
			City/State	and Zi	p code		
ilya@c	pa-esq.c						
		F	-mail address: (to be used	for fu	ture annual report n	otification)	26
For fu	rther in	formation con	cerning this matter, please	call:			2020 HFC 20
Daniel	Ayzenb	erg	718	ode) 431-3193 Daytime Telephone Number			20
	Nam	e of Person	Area Co	de /	Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			8: 14		
Please	make ch		following amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	= \$78	STATE 3.75 Filing Fee & rtified Copy	S87.50 Fil Certificate Certified	e of Status &

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. TIRE AGENT C			
	orporation; must include "INCORPORATEL orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORAT	ION."
	CORPORATION		
(If name unavaila	ble in Florida, enter alternate corporate nam	e adopted for the purpose of transa	cting business in Florida)
2. DELAWARE		<u></u>	
(State or country	y under the law of which it is incorporated)	(FEI number, i	f applicable)
4. 06/05/2017		5.	
	of incorporation)	(Date of duration, if of	her than perpetual)
6.			
7.415 MADISON	(SEE SECTIONS 607.1501 & 607 AVENUE 4 FL NEW YORK, NEW YORK (Princ		ability)
415 MADISON	AVENUE 4 FL NEW YORK, NEW YORI	K 10017	
	(Current ma)	ling address, if different)	
8. Name and stree Name:	et address of Florida registered agent: (E	P.O. Box NOT acceptable)	2029 H 1.1 2
Office Address:	7901 4th St N STE 300		0
	St. Petersburg	, Florida <u>33702</u>	<u>.</u> &
	(City)	(Zip code)	·

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.



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.

A, DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:ALS MADISON AVENUE 4 FL	□Vice Chairman	Address:	
□Director	NEW YORK, NEW YORK 10017	Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	Secretary		□Treasurer
Other	Other	Other		Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□ Vice President		□Vice President		
☐ Secretary	□Treasurer	Secretary		□Treasurer
□Other	□Other	□Other	<u></u>	Other
☐ Chairman	Name:	□Chairman	Name:	2070
□Vice Chairman	Address:	□Vice Chairman	Address:	70
□Director		□Director		~~~~
□Presidem		□President		
□ Vice President		□Vice President		တ္
☐ Secretary	Treasurer	☐ Secretary		☐ Treasurer
Other	Other	□Other		Other
individuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departree. Signature of Director	ment of State Annual Re	eport form.	
	ctor signing this document (and who is listed in numbalse information submitted in a document to the Department of the D			
13	Jared Kugel CED			

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TIRE AGENT CORP." 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 FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TIRE AGENT CORP." WAS INCORPORATED ON THE FIFTH DAY OF JUNE, A.D. 2017.

6435678 8300

Authentication: 202391829

Date: 02-14-20