F20000004496

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: RYAN & RYA			
SUBJECT.	Name of corporation	- must include suffix	
Dear Sir or Madam:			
	r "Certificate of Good Stan	Authorization to Transact Buding" and check are submitteds in Florida.	
Please return all corresponde	ence concerning this matter	to the following:	
Yevgen Amaut			
	Name of	Person	
Ryan & Ryan, inc			
	Firm/Com	ipany	
2150 West Colonial Dr			
	Addre	288	
Orlando, FL, 32804			201
	City/State a	nd Zip code	2970 007
yevarnaut@gmail.com			3
E	-mail address: (to be used f	or future annual report notifi	cation) N
For further information conc	erning this matter, please c	all:	:>:
evgen Arnaut at (916) 2156332		. ह: 3-	
Name of Person	Area Code	e Daytime Telephone	Number
STREET/COURIE Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Stre Tallahassee, FL 323	ions assee eet, Suite 810	MAILING ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	n ations
Enclosed is a check for the for Please make check payable to: ☐ \$70.00 Filing Fee	FLORIDA DEPARTMENT		\$87.50 Filing Fee, Certificate of Status & Certified 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.

L KIAN&RIA	N, INC			
(Enter name of c	corporation; must include "INCORPORATED Corp." "Inc." "Co." or "Corp.")	," "COMPANY," "CORPORATION,"		
	21VEHUB Auto	Inc.		
(If name dhavail	lable in Florida, enter alternate ediporate`name	adopted for the purpose of transacting business in	Florida)	
2. CALIFORNIA	3	35-2523708		
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
4. 11/26/2014	5			
(Date	of incorporation)	(Date of duration, if other than perpetua	i)	
6.				
	(SEE SECTIONS 607.1501 & 607.1 aial Dr. Orlando, FL, 32804	in Florida, if prior to registration) 502, F.S., to determine penalty liability)		
1	(Principal of	ice <u>street</u> address)		
	(Current maili	ng address, if different)		
8. Name and stree	et address of Florida registered agent: (P.0	O. Box <u>NOT</u> acceptable)	2920 000	
Name:	Yevgen Arnaut		. []:	
Office Address:	2150 West Colonial Dr		12	
	Orlando	 , Florida ³²⁸⁰⁴		
	(City)	(Zip code)	Ċ.	
9. Registered age	ent's acceptance:		ين ت	

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's 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.

A. DIRECTORS Yevgen Arnaut □ Chairman □Chairman Name: _____ 2900 N Atlantic Ave ☐ Vice Chairman Address: ☐Vice Chairman Address: Daytona Beach, FL, 32118 □ Director □ Director President □President □Vice President □ Vice President □ Secretary □Treasurer □ Secretary [I]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 _____ □Other _____ Name: □Chairman Name: □Chairman □Vice Chairman Address; _____ □Vice Chairman Address: □Director □Director □ President □President ☐ Vice President □Vice President ☐ Secretary ☐ Treasurer □ Secretary □ Treasurer ①Other _____ □Other _____ Other ____ ∐Other ___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Conf Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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.

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

Yevgen Arnaut (President)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

RYAN & RYAN, INC.

FILE NUMBER:

C3730087

FORMATION DATE:

11/26/2014

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California. $\stackrel{\textstyle \smile}{\cong}$

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status. 10

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or \mathcal{O} practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 07, 2020.

ALEX PADILLA Secretary of State





September 22, 2020

YEVGEN ARNAUT 2150 W COLONIAL DR ORLANDO, FL 32804 US

SUBJECT: RYAN & RYAN, INC. Ref. Number: W20000109252

We have received your document for RYAN & RYAN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 420A00018202

RECEIVED