F20000009698

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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Special Instructions to Filing Officer:				
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W20000111916				
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 $\{ f_{i,j} \in \mathcal{F}_{i,j}, \forall f_{i,j}, \dots, f_{i,j} \in \mathcal{F}_{i,j} \} = \{ f_{i,j} \in \mathcal{F}_{i,j}, \dots, f_{i,j} \in \mathcal{F}_{i,j} \}$



COVER LETTER

TO:	FO: Registration Section Division of Corporations					
SUBJ	FCT: Warrior Imp	ports, Inc.				
		Name of corporation -	must include suffix			
Dear S	ir or Madam:					
"Certit	icate of Existence.	n by Foreign Corporation for Au or "Certificate of Good Standi corporation to transact business	ng" and check are subr			
Please	return all correspor	idence concerning this matter to	the following:			
Ray St	arr Jr.					
		Name of Pe	rson			
Warrio	or Imports, Inc.					
	· · · · · · · · · · · · · · · · · · ·	Firm/Compa	iny			
3657 N	UW, 124th Ave					
		Address				
Coral S	Springs, FL 33065					
		City/State and	Zip code			
monica	n@swg1.com					
		E-mail address: (to be used for	future annual report no	otification)		
For fur	ther information co	oncerning this matter, please call	l;			
Ray Sta	ay Starr Jr. 954 906-5846					
	Name of Person	Area Code	Daytime Teleph	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, F1. 32303			Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		
Please r	nake check payable j		F STATE 178.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy		

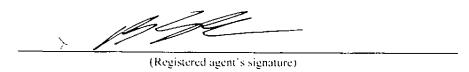
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Warrior Import	s, Inc.			
	torporation: must include "INCORPORATED, forp," "Inc." "Co." or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busine	ess in Florida)	
2. Ohio	3.	30-0113939		
(State or count) 10/2001	y under the law of which it is incorporated)	(FEI number, if applicable		
(Date	of incorporation)	(Date of duration, if other than per	petual)	
7. ²⁸⁸⁷ N. Salem W	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1) /arren Rd. Warren, OH 44481	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
	(Principal off	ce <u>street</u> address)		
	(Current mailir	g address, if different)		
3. Name and <u>stree</u>	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	ي.	
Name:	Ray Starr Jr.			
Office Address:	3659 NW 124th Ave	_		
	Coral Springs	. Florida 33065		
	(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.

Chairman Name Sarr Jr. Chairman Name Na	A. DIRECTORS	•			
Service Chairman Address SST N. Salem Warren Rd. Service Chairman Address Service Chairman Service President Service President Service President Service Chairman Address Service Chairman Service Chairman Address Service Chairman Service Chairman Address Service Chairman Serv	□Chairman	Name: Ray Starr Jr.	□Chairman	Name:	
Director President Director	☐Vice Chairman		□Vice Chairman		
□ President □ President □ Vice President □ Other □ Ot					
□Vice President □Vice President □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □					
Secretary		_			
Chairman Name:	∪Vice President		□Vice President		
□Chairman Name: □Chairman Name: □Chairman Address: □Vice Chairman Address: □Vice Chairman Address: □Vice President □President □Vice President □Vice President □Vice President □Vice President □Other	☐ Secretary	□Treasurer	☐ Secretary		
□Vice Chairman Address: □Director □	□Other	□Other	□Other		□Other
□Vice Chairman Address: □Director □	□ Chairman	Name:	□Chairman	Name:	
□Director □Director □Director □President □Vice President □Vice President □Vice President □Other □Ot					
□ President □ Vice President □ Vice President □ Other					
□Vice President					
Secretary ☐ freasurer ☐ Secretary ☐ Treasurer ☐ Other			_		
Other			□Vice President		
Chairman Name: Chai	☐ Secretary	☐ Freasurer	☐ Secretary		☐Treasurer
□ Vice Chairman Address: □ Director □ Director <t< td=""><td>□Other</td><td></td><td>□Other</td><td></td><td>□Other</td></t<>	□Other		□Other		□Other
□ Vice Chairman Address: □ Director □ Director <t< td=""><td>□Chairman</td><td>Name:</td><td>□Chairman</td><td>Name:</td><td>2621</td></t<>	□Chairman	Name:	□Chairman	Name:	2621
□ Director	□ Vice Chairman	Address:	□Vice Chairman		73
□ President □ President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ Other □					
□Vice President □Vice President □Secretary □Treasurer □Other □Other □Other □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. 12. □ Signature of Director or Officer	□President				-a - :
☐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 tiling your Florida Department of State Annual Report form. 12	□ Secretary	☐ Freasurer	□ Secretary		□Treasurer
individuals may be added to the index when filing your Florida Department of State Annual Report form. 12	□Other	Other	□Other		□Other
	individuals may be	added to the index when filing your Florida Departm	ient of State Annual Re	eport form.	
	<i>J</i>	-			

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 8.817.155, F.S.

13. Ray Starr Jr. - President

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show WARRIOR IMPORTS, INC., an Ohio corporation, Charter No. 1262475, having its principal location in Youngstown. County of Mahoning, was incorporated on October 18, 2001 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 1st day of September, A.D. 2020.

Ohio Secretary of State

Validation Number: 202024504644



September 29, 2020

RAY STARR, JR. 3657 NW 124TH AVE CORAL SPRINGS, FL 33065 US

SUBJECT: WARRIOR IMPORTS, INC.

Ref. Number: W20000111916

* correction allected

We have received your document for WARRIOR IMPORTS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 120A00018787

RECFIVED 0CT 19 2020