F24000004999

(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



700436194967

09/12/24--01088--008 **70.00

SECRETAY OF STATE

M. SOLOMON SEP 2 0 2024

COVER LETTER

	istration Section ision of Corporation	S					
SUBJECT	Wheel Work Inc						
SUBJECT	•	Name of corporat	ion - must	include suffix			
Dear Sir or	Madam:						
"Certificate	of Existence," or "C	oreign Corporation f Certificate of Good Stration to transact bus	tanding" a	ınd check are subrr	Business in Flo nitted to register	rida," the	
Please return	n all correspondence	concerning this ma	tter to the	following:			
Philip S. Kap	prow						
		Name	of Person				
Kaprow Law	, P.A.						
		Firm/C	Сотрапу			2024	
5200 S. US I	Highway 17/92, Suite	1000				33.	1000 W
		Ac	idress		- 	P 20	
Casselberry,	FL 32707				<i>6</i>		ز.ځېا ز
	·	City/Stat	e and Zip	code	Cho	- P -	
pkaprow@k	aprowlaw.com	•	-		严重	2:2	
	E-ma	il address: (to be us	ed for futu	re annual report no	otification)		
For further	information concern	ing this matter, pleas	se call:				
Philip S. Ka	prow	407 at () <u></u>	-2726		_	
Na	me 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, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is Please make \$70.00 H	iling Fee 🔲 \$7	owing amount: ORIDA DEPARTME '8.75 Filing Fee & crtificate of Status	□ \$78.7	FATE 75 Filing Fee & fied Copy	☐ \$87.50 Fili Certificate Certified C	of Sta	

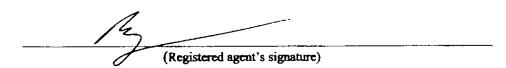
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Wheel Worx Inc	с.				
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	N,"		
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	g business in Florida)		
Pennsylvania	3.	27-1 72557 5			
	y under the law of which it is incorporated)	(FEI number, if ap	(FEI number, if applicable)		
4. 12/24/2009	5.				
	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)		
April 1, 2024					
v	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	· • ·	ity)		
_ 486 Rich Valley	Road, Carlisle, PA 17015	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
7		e street address)			
486 Rich Valley	Road, Carlisle, PA 17015	,			
	(Current mailing	address, if different)	2024 SEP		
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)			
Name:	Kaprow Law, P.A.		20 PM		
Office Address:	5200 S US Highway 17/92, Suite 1000		15 X X		
	Casselberry	, Florida	: 29		
	(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. CTORS						
Chairman	Carlos Vaca Name:	□ Chairman	Name:			
☐ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	486 Rich Valley Road, Carlisle, PA 17015	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		Some 222		
□ Chairman	Name:	□ Chairman	Name:			
☐ Vice Chairman	Address:	□Vice Chairman	Address:			
Director		Director		:2 9		
□President		President				
□Vice President		□ Vice President				
Secretary	☐ Treasurer	☐ Secretary		□Treasurer		
□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. 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 fa s.817.155, F.S.	alse information submitted in a document to the Depar	tment of State constitu	ntes a third degree	felony as provided for in		
13. Carlos Vaca						

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: Wheel Worx Inc.

Request Type: Subsistence Certificate Issuance Date: August 15, 2024

Request No.: 041119425 File No.: 0003924726

Receipt No.: 001177178

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: December 24, 2009

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Wheel Worx Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

DED ARIMENT OF STREET

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth

Men Salm

Verify this certificate online at www.file.dos.pa.gov



PHILIP S. KAPROW ATTORNEY AND COUNSELOR AT LAW FLORIDA CIVIL LAW NOTARY

PKAPROW@KAPROWLAW.COM PHONE: 407-259-2726

September 20, 2024

Secretary of State
Division of Corporations
Attn: Melanic Solomon

Via email: melanie.solomon@dos.fl.gov

Re: Release of name Wheel Worx

Dear Ms. Solomon:

Please be advised that I serve as legal counsel to both Wheel Worx, Inc., a NJ corporation being authorized to conduct business in Florida, and Wheel Worx FL, LLC, a Florida limited liability company which has filed for dissolution in Florida.

The owner of Wheel Worx FL, LLC has asked me to confirm that they are consenting to the release of the name Wheel Worx for the specific purpose of allowing Wheel Worx. Inc. to be registered as a foreign entity authorized to conduct business in Florida.

The document number for the LLC is L24000235420, and the receipt for the dissolution is attached.

The document number for the Inc. is W24000132136.

Please let me know if you require any additional information to allow this to proceed.

Very truly yours.

Philip & Kaprow, Esq.



September 19, 2024

PHILIPS S KAPROW 5200 S US HWY 17/92 STE 1000 CASSELBERRY, FL 32707

SUBJECT: WHEEL WORX INC. Ref. Number: W24000132136

We have received your document for WHEEL WORX INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II

RECEIVED

Letter Number: 724A00021119

SEP 20 2024