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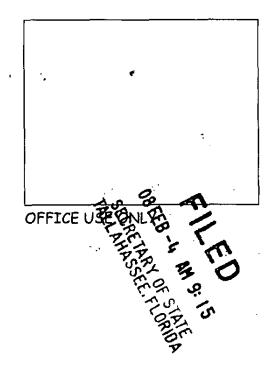
SECRETARY OF SIAN

B. KOHR

FEB 5 2008

**EXAMINER** 

FLORIDA RESEARCH & FILING SERVICES, INC. 1211 CIRCLE DRIVE TÄLLAHASSEE, FL 32301 PHONE (850)656-6446



WALK-IN

#### ENTITY NAME:

1. DOBBS IMPORTS, LLC

CK# 3098

AMOUNT \$125.00

PLEASE FILE THE ATTACHED QUALIFICATION & RETURN THE FOLLOWING:

\_\_\_\_ CERTIFIED COPY

XXX STAMPED COPY

CERTIFICATE OF STATUS

#### **COVER LETTER**

TO: Registration Section

SUBJECT: DOBBS IMPORTS, LLC dba Heli Ame	
(Name of Li	mited Liability Company)
	Liability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited
Please return all correspondence concerning this	matter to the following:
ALINA SILVERS	THE SECOND
	Name of Person)
(r	value of Person)
NRAI SERVICES, INC	Eng. 30
	Firm/Company)
2731 EXECUTIVE PARK DRIVE, SUITE	E4
	(Address)
WESTON, FLORIDA 33331	
	State and Zip Code)
For further information concerning this matter, p	please call:
ALINA SILVERS	at (954) 3182787
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:	
S125.00 Filing Fee S130.00 Filing Fee Certificate	<del>-</del>

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	DOBBS IMPORTS, LLC. Then Athendan (Name of Foreign Limited Liability Company, ""L.L.C.," or "LLC.")					
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written usent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability impany," "L.L.C.," "LLC.")					
_,	DELAWARE (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)					
	O1/04/2007  (Date of Organization)  5. PERPETUAL  (Duration: Year limited liability company will cease to exist or "perpetual")					
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)					
7. 1000 RIDGEWAY LOOP RD, STE 203						
	MEMPHIS, TN 38120 (Street Address of Principal Office)					
8.	(Street Address of Principal Office)  If limited liability company is a manager-managed company, check here   The name and usual business addresses of the managing members or managers are as follows:					
9. The name and usual business addresses of the managing members or managers are as follows:						
	BRUCE PELYNIO 1000 RIDGEWAY LOOP RD, STE 203, MEMPHIS, TN 38120					
	JOHN H. DOBBS, JR 1000 RIDGEWAY LOOP RD, STE 203, MEMPHIS, TN 38120					
	EDWARD J DOBBS 1000 RIDGEWAY LOOP RD, STE 203, MEMPHIS, TN 38120					
the	<ol> <li>Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in e jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.)</li> </ol>					
11	Nature of business or purposes to be conducted or promoted in Florida: FORKLIFT DISTRIBUTOR					
	~ 10 a. Om ~					
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)					
	Michael A. Onians  Typed or printed name of signee					
	i ypeg or printed name or signee					

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name o	f the Limited Liability Compa	my is:		
DOBBS IMPOR	ITS, LLC Extra Annual			
If name unavai	lable, the alternate name to be	used in the state of Florida is:		
2. The name a	nd the Florida street address o	of the registered agent and office are:		
	NRAI Services, Inc.			
		(Name)		
	2731 Executive Park Drive, Suite 4  Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	riorida Succi Addi	658 (F.O. BUX MOT ACCEPIABLE)		
	Weston	FL 33331		
		City/State/Zip		
liability comparagent and agree relating to the pobligations of nNRAI Services,  By:	ny at the place designated in th e to act in this capacity. I furth proper and complete performa ny position as registered agent	o accept service of process for the above sto is certificate, I hereby accept the appointm her agree to comply with the provisions of a nce of my duties, and I am familiar with and as provided for in Chapter 608, Florida St	ent as registered all statutes d accept the	
Q1	\$ 100.00	Filing Fee for Application		
	\$ 25.00	Designation of Registered Agent Certified Copy (optional)		
	\$ 30.00 \$ 5.00	Certificate of Status (optional)		

PAGE 1

## Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DOBBS IMPORTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF FEBRUARY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOBBS IMPORTS, LLC" WAS FORMED ON THE FOURTH DAY OF JANUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Second Se

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080108878

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 6354419

DATE: 02-01-08