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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·
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Office Use Only

G. MCLEOD

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**EXAMINER** 



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#### **COVER LETTER**

	egistration Section ivision of Corporations	•
SUBJEC	T: USA Choppers, LLC (Name of Lin	mited Liability Company)
Florida,"	• • • • • •	iability Company for Authorization to Transact Business in submitted to register the above referenced foreign limited.
Please ret	turn all correspondence concerning this	matter to the following:
	William J. Farmer	
	(1)	Name of Person)
	USA Choppers, LLC	
	(F	Firm/Company)
	607 South State Street	
		(Address)
	West Harrison, IN 47060	State and Zip Code)
	` •	•
For furth	er information concerning this matter, p	lease call:
٧	Villiam J. Farmer	at ( 513) 276-5323
	(Name of Person)	(Area Code & Daytime Telephone Number)
D P.	IAILING ADDRESS: ivision of Corporations O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	is a check for the following amount:  \$\frac{1}{2}\$125.00 Filing Fee \$\frac{1}{2}\$130.00 Filing Fee \$\frac{1}{2}\$\$  Certificate	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. USA Choppers, LLC (Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alternate Company," "L.L.C.," "LLC.")	of transacting business in Florida and attach a copy of the writt- ate name. The alternate name must include "Limited Liability
<sub>2.</sub> OHIO <sub>3.</sub>	20-3098967
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	
(Date first transacted business in Flori (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)
7	
607 South State Street West Harrison,	OH 45060 -
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	OH 45060  Principal Office)  ©  company, check here ✓
9. The name and usual business addresses of the manag	<u> </u>
William J. Farmer 607 South State Str	•
<del></del>	
10. Attached is an original certificate of existence, no more than 90 day	
the jurisdiction under the law of which it is organized. (A photocopy i translation of the certificate under oath of the translator must be submit	
11. Nature of business or purposes to be conducted or p	promoted in Florida: Franchise dealer of motorcycles
Signature of a member or an auth (In accordance with section 608.408(3), F.S. an affirmation under the penalties of perjury	that the facts stated herein are true.)

Typed or printed name of 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	of the Limited Liability Company is:
USA Chop	pers, LLC
If name unavai	ilable, the alternate name to be used in the state of Florida is:
2. The name a	and the Florida street address of the registered agent and office are:
	DAYTONA BIKE WEEKS CORP. (Name)
	1069 North US 1  Florida Street Address (P.O. Box NOT ACCEPTABLE)
	Ormond Beach FL 32174 City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

### United States of America State of Ohio Office of the Secretary of State

I, Jennifer Brunner, 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 USA CHOPPERS, LLC, an Ohio Limited Liability Company, Registration Number 1553310, was organized within the State of Ohio on June 28, 2005, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of April, A.D. 2009

**Ohio Secretary of State** 

Validation Number: V200997A5FA53