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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

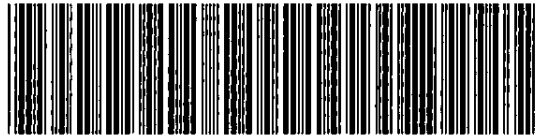
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W09-51852  
BRYAN NOV 25 2009

J. BRYAN

DEC 15 2009

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HALF BREED CUSTOM MOTORCYLES LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

LARRY KARPEN

Name of Person

HALFBREED CUSTOM MOTORCYLES LLC

Firm/Company

23994 US HWY

Address

AITKIN MN 56431

City/State and Zip Code

TARYN@HALFBREEDMOTORCYLES.COM

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

TARYN

Name of Person

at ( 888 )

Area Code & Daytime Telephone Number

509-6604

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**KEYS ACCOUNTING & TAX SERVICES, INC.**

**P.O. BOX 1578**

**KEY LARGO, FL 33037**

**TELEPHONE: 305.451.3464 EXT 207**

**FAX: 305.451.3948**

**FACSIMILE TRANSMITTAL SHEET**

TO:	FROM:
Joey Bryan	Sue Stein
COMPANY:	DATE:
	12/11/2009
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
850-245-6030	Cover + 4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
HalfBreed Custom Motorcycles LLC	

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ALABAMA

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Mr. Bryan – please see following information from the State of Minnesota regarding HalfBreed Custom Motorcycles. Please let me know if you need anything else to complete the registration for the State of Florida - my email is [sue@keysaccounting.com](mailto:sue@keysaccounting.com) and phone is 305-451-3464 ext 207. They are anxiously waiting to open their doors as soon as we have their paperwork completed..

Thank you!

Sue

NOTE: Please call 305.451.3464 if you did not receive all of the pages.

**ATTENTION:** This facsimile contains **PRIVELEGED AND CONFIDENTIAL INFORMATION** intended only for the use of the addressee named above. If you are not the intended receiver, you are hereby notified that any dissemination of this communication is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Mail. We will reimburse you for all expenses incurred. Thank You

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

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

1. HALFBREED CUSTOM MOTORCYCLES LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. MINNESOTA 3. 41-1621453  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 5/19/2005 5. PERPETUAL  
(Date of Organization) (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. 23994 US HWY 169  
AITKIN MN 56431  
(Street Address of Principal Office)

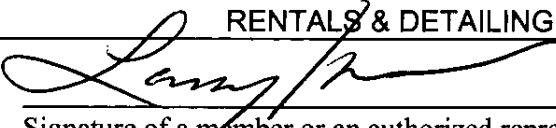
8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:  
LARRY KARPEN  
42840 240TH LANE  
MILKIN MN 56431

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: MOTORCYCLE

RENTALS & DETAILING

  
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.)

LARRY KARPEN

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

11-17-09

**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 of the Limited Liability Company is:

HALFBREED CUSTOM MOTORCYCLES, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

VINSON J BROWN

(Name)

945 PLANTATION ROAD

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

KEY LARGO, FL 33037

City/State/Zip

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TALLAHASSEE, FLORIDA

*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.*

Vinson J Brown

(Signature)

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

## State of Minnesota

**SECRETARY OF STATE**FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Certificate of Good Standing

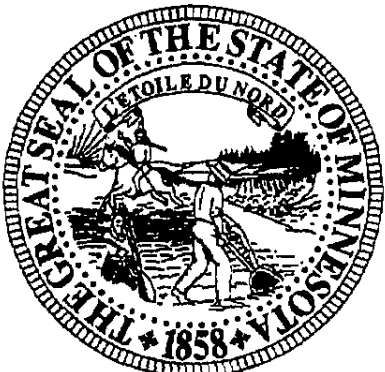
I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The limited liability company listed below is a limited liability company formed or registered to do business under the laws of Minnesota; the limited liability company was formed by the filing of articles of organization or registered to do business by filing an application for a certificate of authority with the Office of the Secretary of State on the date listed below; the limited liability company is governed by Chapter 322B of Minnesota Statutes; and this limited liability company is authorized to do business as a limited liability company at the time this certificate is issued.

Name: HalfBreed Custom Motorcycles, LLC

Date Formed or Registered: May 19, 2005

State of Organization: Minnesota

This certificate has been issued on December 9, 2009.



*Mark Ritchie*  
Secretary of State.