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| (Re                     | equestor's Name)   |             |
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| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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Office Use Only



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B. BOSTICK

JUL 2 4 2012

**EXAMINER** 

#### **COVER LETTER**

Registration Section

TO:

| Division o            | of Corporations                              | 8   |  |                        |  |   |
|-----------------------|--|---|--|------------------------|--|---|
| SUBJECT:              | Green  | Rides Nam   | USA  | LLC<br>ability Company |  |   |
|                       |  | Nam   | e of Limited Lia                                   | bility Company         |  |   |
|                       |  |   |  |                        |  | n Florida," Certificate of<br>esact business in Florida |
| Please return all co  | orrespondence co                             | oncerning this mat  | ter to the follow                                  | ing:                   |  |   |
| -                     |  | David K   | Name of I  | enf 5<br>Person        |  |   |
|                       | 6  | Reen K  | ides 4   | 15A K                  | C.C.                                       |   |
|                       |  |   |  |                        |  | <del></del>   |
| _                     |  | o Sten  | ey becon   | K LAN                  | ve   |   |
|                       |  | _ Kin   | 95/01  | NH<br>Zip Code         | ·  |   |
| _                     | <u> </u>                                     |   |  |                        | •  |   |
|                       | ·  | trave/g   | Reen @   | Green Ric              | des USA, Contraction                       | OM  |
| For further informa   | ation concerning                             |   |  | ure annual repor       |  | 12 J  |
| Da                    | vid R C                                      | lements   | at (   | 603                    | 702 - 1488<br>phone Number                 | UL 23 FH  |
|                       | Name (                                       | of reison   | Area Code  | x Daytime Tele         | phone Number                               |   |
| Division of           | G ADDRESS:<br>of Corporations<br>ion Section |   | STREET ADI<br>Division of Co<br>Registration Se    | rporations             |  | FH 2: CORIDA  |
| P.Ö. Box<br>Tallahass | 6327<br>ee, FL 32314                         |   | Clifton Buildir<br>2661 Executiv<br>Tallahassee, F | e Center Circle        |  |   |
| Enclosed is a ch      | Filing Fee                                   | ollowing amour<br>\$130.00 Filing Fee<br>Certificate of State | e & <b>[</b> \$155.0                               | 0 Filing Fee & ed Copy | \$160.00 Filing Fee<br>of Status & Certifi |   |

#### 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: (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.") New Hampsire USA.

(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) Sept 17, 2007 (Date of Organization) (Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 10 Stoney brook Ln.

Kingstun NH 03848

(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: Linda A Clements 10 Stoneybrook Ln Kingstun, NH 03848 David R Clements 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: TRE- Schedule TRANSportation to AiRport, Hospita 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

David R Clements
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 of the Limited Liability Company is:   |             |           |
|--|-------------|-----------|
| Green Rides USA 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:  **David R. **Demonts**  (Name) | IALLAHASS   | 3 77      |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)  Palme Ho FL 34221  |             | Herman, . |
| City/State/Zip   | <del></del> |           |

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)

### State of New Hampshire Department of State

#### **CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that Green Rides USA LLC is a New Hampshire limited liability company formed on September 17, 2007. I further certify that it is in good standing as far as this office is concerned, having filed the annual report(s) and paid the fees required by law; and that a certificate of cancellation has not been filed.

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In TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 9<sup>th</sup> day of July, A.D. 2012

William M. Gardner Secretary of State