M1200006165

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enuty Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

D. BRUCE
NOV 0 2 2012
EXAMINER

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 16, 2012

DAVID MOJICA 1510 FAIRFIELD AVE SUITE 218 FORT WAYNE, IN 46802

SUBJECT: BMB WHOLESALE GROUP LLC

Ref. Number: W12000052967

We have received your document for BMB WHOLESALE GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

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.

Deborah Bruce Regulatory Specialist II CRETARY OF STATE
LAHASSEE, FLORIDA
LAHASSEE, FLORIDA

NOV - 1 PH 4: 2

www.sunbiz.org

Letter Number: 012A00025461

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BMB Wholesale Group			
Nat	ne of Limited Liability Company		
The enclosed "Application by Foreign Limited Liab Existence, and check are submitted to register the a	oility Company for Authorization to Transact Business in Florida bove referenced foreign limited liability company to transact bus	," Certificate of iness in Florida	
Please return all correspondence concerning this ma	atter to the following:		
David Mojica			
	Name of Person		
BMB Wholesale Group LL			
	Firm/Company		
1510 Fairfield Ave Suite	218		
-	Address		
Fort Wayne IN 46802			
Tort Wayne IIV 40002	City/State and Zip Code		
	,		
dmo33634@gmail.co	<u>m</u>	<u>-</u>	
E-mail address; (1	o be used for future annual report notification)		
For further information concerning this matter, plea	se call:	7.	
Dovid Mailes	912 706 7442	12 NOV - 1 PM SECRETARY OF ILLAHASSEE, FI	
David Mojica Name of Person	at (813) 786 7113 Area Code & Daytime Telephone Number	. ART O V	1
Name of Telson	Area Code & Daytime Telephone Number	AR SS	77 77 77
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations		万萬百
Registration Section	Registration Section	PM 4:2) VED
P.O. Box 6327	Clifton Building	4:21 STATE LORIE	C
Tallahassee, FL 32314	2661 Executive Center Circle	26 70 70 70 70 70 70 70 70 70 70 70 70 70	
	Tallahassee, FL 32301	,*	
Enclosed is a check for the following amou \$\int\\$\$125.00 Filing Fee \$\int\\$\$Certificate of State	e & \$155.00 Filing Fee & \$160.00 Filing Fee, Certific		
Continuate of Star	tus		

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. BMB Wholesale Group LLC (Name of Foreign Limited Liability Company; must include	e "I imited Liability Company" "I I C " or "I I C")
Street Dreamz Automotive Sales Llc	E.E.C., of EEC.
<u> </u>	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
Fort Wayne Indiana (Jurisdiction under the law of which foreign limited liability company is organized) 3.	46-0857745 (FEI number, if applicable)
4. <u>08/24/2012</u> 5. (Date of Organization)	06/11/2014 (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. 1510 Fairfield Ave Suite 218	
Fort Wayne, IN 46802 (Street Address of	Principal Office)
8. If limited liability company is a manager-managed co9. The name and usual business addresses of the manage	ASS AS
David Mojica	SSELY SELY
6419 W Monticello St	PA CO
Homosassa, FL 34448	.07AT 2
 Attached is an original certificate of existence, no more than 90 day the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submit Nature of business or purposes to be conducted or p 	s not acceptable. If the certificate is in a foreign language, a ted.)
	orized representative of a member.
(In accordance with section 608.408(3), F.S., the executive penalties of perjury that the facts stated herein are true.	

Typed or printed name of signee

David Mojica

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 Con	mpany is:		
BMB Wholesale Group LLC			
If unavailable, the alternate to be used in	the state of Florida is:		
Street Dreamz Automotive			
2. The name and the Florida street addre	ss of the registered agent and office a	re:	
	• •	AS :	*
David Mojica			NOV P
	(Name)	ETAR	PAT
6419 W Monticello	St		
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	· · · · · · · · · · · · · · · · · · ·	f .
Homosassa	_{Ex} 34448		26

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.

City/State/Zip

(Signature)

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

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I. Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

BMB WHOLESALE GROUP LLC

duly filed the requisite documents to commence husiness activities under the laws of State of Indiana on August 24, 2012, and was in existence or authorized to transact business in the State of Indiana on November 02, 2012.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Second Day of November, 2012.

Corrie Lawson.

Connie Lawson, Secretary of State

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