# M13000001860

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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13 MAR 25 AH 7: 49

B. BOSTICK

MAR 2 6 2013

**EXAMINER** 

#### **COVER LETTER**

	tration Section ion of Corporations		
SUBJECT: _		ame of Limited Liability Company	
		ability Company for Authorization to Transact Business in Floric above referenced foreign limited liability company to transact bu	
Please return a	Il correspondence concerning this n	natter to the following:	
	Alexis	DEGRAV€ Name of Person	_
	US1 S	COOTEIS LC Firm/Company	_
	10785 Bz	SCAYNE BIND Address	_
		FL 33161 City/State and Zip Code	_
	E-mail address:	ZDPM@GMAZI.com (to be used for future annual report notification)	<del></del>
For further info	ormation concerning this matter, ple	·	3 HAR 21
Ala	Name of Person	at (786) 863 3003 COLUMN Area Code & Daytime Telephone Number	( Oi
<u>MAII</u> Divisi Regis P.O. I	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	M 7:49
Enclosed is a \$125.	a check for the following amo 00 Filing Fee \$130.00 Filing Certificate of Si	Fee & \$\Bigcap\$155.00 Filing Fee & \$\Bigcap\$160.00 Filing Fee, Certif	

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

IN COMPLIANCE WITH SECTION LIMITED LIABILITY COMPANY TO	•	•	IBMITTED TO REGIS	STER A FOREIGN
	_			
1. <u>USI</u> Scoot (Name of Foreign Limited	Liability Company; must include	de "Limited Liability Compa	any," "L.L.C.," or "LL	-C.")
(If name unavailable, enter alterna				
consent of the managers or manag Company," "L.L.C," "LLC.")	ing members adopting the alter	nate name. The alternate nar	ne must include "Lim	ited Liability
	•	16-217	2 7 55	
2. <u>Use Lawaiz</u> G (Jurisdiction under the law of w company is organized)	hich foreign limited liability	(FEI number	r, if applicable)	<del></del>
4				
4. 02/19/2015	eation) 5.	(Duration: Year limited exist or "perpetual")	14[	
/ (Date of Organiz	ation)	(Duration: Year limited exist or "perpetual")	liability company will	cease to
6 03/13/13		**		
O. (Date	first transacted business in Floctions 608.501 & 608.502 F.S.	rida, if prior to registration.)	`	
7. 10185 Bzsc	etions 608.501 & 608.502 F.S.	to determine penalty hability	y) ½″ ≅'	_
7. 10785 DISC.	47NG 51VD	MEANZ, FL	3516( ====================================	<u> </u>
		•	<u>* 2-</u>	is n
	(Street Address of	of Principal Office)	Z SS	25
8. If limited liability compar	ny is a managar managad	company chack hara L		Carrier?
8. If finited hability compar	ty is a manager-managed	company, eneck here [	<u>်</u> ကြိမ်	7 5
9. The name and usual busin	ness addresses of the mana	ging members or mana	gers are as follows	
AlexIS Dec	exue. Scayne Blub		A D	; <b>o</b>
11705 R-	CONNE RIVE	44	F1 38161	
10163 132	3249,000	MITAMI	16 33161	
10. Attached is an original certificat	e of evistence no more than 00 d	ave old duly authenticated by	ztha official having ous	etadu of maande in
the jurisdiction under the law of wh				
translation of the certificate under or	ath of the translator must be subm	nitted.)	•	
11. Nature of business or pu	rposes to be conducted or	promoted in Florida:		
2.	PETAI			<del></del>
	11			·
	Musica ture of a member or an aut	egeme.		
,				
	section 608.408(3), F.S., the executable facts stated herein are true			
	Department of State constitutes	a third degree felony as pro		
<del></del>	AlexES Dec			
	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 Liab	ility Compai	ny is:					
USI .	SCOOTERS	4c						_
If unavailable, the	he alternate to be	used in the	state of Florida i	s:				
								_
2. The name an	d the Florida stre	et address of	f the registered a	gent and office a	re:			
	Alexzs		Name)		-	IALL'	13 MAR 25	
						HAS	AR 2	T
	10785			Blvo		133 0 733 0 733		1765.pm
	Florid	a Street Addre	ess (P.O. Box <u>NOT</u>	ACCEPTABLE)		F 21	MH 7: 4	
	MIAMI	Ξ	FL	33161		RIDA	61	
			City/State/Zip		<u>.</u>	~		

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)

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "US1 SCOOTERS 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 TWELFTH DAY OF MARCH, A.D. 2013.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "US1 SCOOTERS LLC" WAS FORMED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2013.

13 HAR 25 AH 7:49

5290425 8300

130303244

AUTHENT

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0275829

DATE: 03-12-13

You may verify this certificate online at corp. delaware.gov/authver.shtml