Division of Corporations



Page 1 of 1

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001003213)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

쓌군

STATE
PH PH PH PH PH PH
CRETA

Foreign Limited Liability Company MBD Wheel and Brake Repair and Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

APR 3 0 2014

4/28/2014

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 MBD Wheel and Brake Repair and Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, cuter alternate name adopted for the purpose of transacting business in Plorida. The alternate name must include "Limited Liability Company," "LL.C," or "LLC.")
2. Deleware 3. 54-2091125
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4, 04-25-2014
(Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, P.S. to determine penalty liability)
5. 2040 W Corneil Street
Milwaukee, WI 53201 (Street Address of Principal Office)
, · · · · · · · · · · · · · · · · · · ·
6. 2040 W Cornell Street
Milwaukes, WI 53201
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
See attached.
8. 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)
Mark & Mr.
- 1 Hish 11 Muss
Signature of an authorized person
(In accordance with section 605.0203/F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts elected herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree falony as provided for in s.817.155, F.S.)
Mark Melnick
Typed or printed name of signee

Management Structure for: MBD Wheel and Brake Repair Services, LLC

<u>Manager</u>	<u>Title</u>	Address
Jean Souetre Olivier Le Merrer Frank Mocilnikar Mark Melnick Carlos Inole Delphine Lecoiffer	Director Chairman President, CEO, Director Secretary Controller Manager	2040 W Comell Street, Milwaukee, WI 53201 2040 W Comell Street, Milwaukee, WI 53201 2040 W Cornell Street, Milwaukee, WI 53201 2201 W Royal Lane #150, Irving, TX 75063 2040 W Cornell Street, Milwaukee, WI 53201 2040 W Cornell Street, Milwaukee, WI 53201

. . . .

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

AGENT IN	N THE STATE OF FLORIDA.	
1. The name	me of the Limited Liability Company is:	
MBD Wheel	l and Brake Repair and Services, LLC	
If unavailab	ble, the alternate to be used in the state of Florida is:	
2. The nam	ne and the Florida street address of the registered agent and office are:	
	C T Corporation System	
	(Name)	•
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	•
	Plantation FL 33324	
	City/State/Zip	
liability com registered at statutes rela	in named as registered agent and to accept service of process for the above s inpany at the place designated in this certificate, I hereby accept the appoint agent and agree to act in this capacity. I further agree to comply with the pr ating to the proper and complete performance of my duties, and I am familia abligations of my position as registered agent as provided for in Chapter 60:	nent as ovisions of all r with and
	By: CT Corporation System A	. 5121
	(0:	
	(Signature) O	

Delaware

DACE S

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MED WHEEL AND BRAKE REPAIR AND SERVICES, 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3588362 8300

140522591

You may verify this cortificate online at corp.delaware.gov/authver.ahtml

AUTHENTICATION: 1322508

DATE: 04-25-14