

M140000005919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

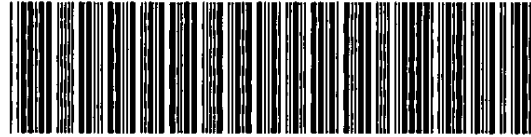
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/15/14--01008--019 **125.00

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14 AUG 15 AM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2014
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADVENTURE TIRES 2 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:

Benjamin Schiff

Name of Person

Benjamin Schiff Attorney At Law

Firm/Company

1901 Harrison St

Address

Hollywood, FL 33020

City/State and Zip Code

westonusa@gmail.com

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

For further information concerning this matter, please call:

Ben Schiff

Name of Contact Person

954

Area Code

921-6431

Daytime Telephone Number

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

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16 AUG 15 AM 12:15
SECRET
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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

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

1. ADVENTURE TIRES 2 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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2629 Weston Road
Weston, FL 33331
(Street Address of Principal Office)

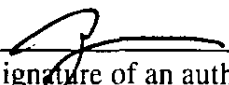
6. 2629 Weston Road
Weston, FL 33331
(Mailing Address)

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14 AUG 15 PM 12:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CARMINE TOSCANO

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)


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 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.)

Benjamin Schiff

Typed or printed name of signee

**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.

1. The name of the Limited Liability Company is:

ADVENTURE TIRES 2 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:

Benjamin Schiff

(Name)

1901 Harrison St

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

Hollywood


FL

33020

City/State/Zip

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SECRETARY OF STATE
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 605, 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 "ADVENTURE TIRES 2 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 SEVENTH DAY OF AUGUST, A.D. 2014.

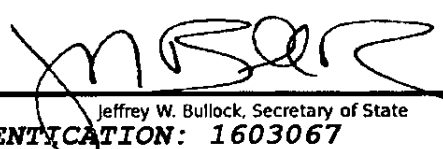
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SECRETARY OF STATE
DELAWARE

5579946 8300

141028212

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1603067

DATE: 08-07-14

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:06 PM 07/31/2014
FILED 03:06 PM 07/31/2014
SRV 141028212 - 5579946 FILE

First: The name of the limited liability company is ADVENTURE TIRES 2 LLC

Second: The address of its registered office in the State of Delaware is _____
16192 Coastal Highway in the City of LEWES.
Zip code 19958. The name of its Registered agent at such address is
HARVARD BUSINESS SERVICES INC

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this

31 day of JULY, 2014.

By: 
Authorized Person (s)

Name: BENJAMIN SCHIEF

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14 AUG 15 AM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

141028212

9008417
BENJAMIN SCHIFF
1901 HARRISON ST
HOLLYWOOD

FL 33020

08-07-2014

DESCRIPTION	AMOUNT
ADVENTURE TIRES 2 LLC	
5579946 0102Y Register L.L.C.	
Formation Fee	70.00
Court Municipality Fee, Grgetown	20.00
FILING TOTAL	90.00
ADVENTURE TIRES 2 LLC	
5579946 8300 Certificate in Re Short	
Certification Fee	50.00
FILING TOTAL	50.00
TOTAL CHARGES	140.00
TOTAL PAYMENTS	140.00
SERVICE REQUEST BALANCE	.00

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14 AUG 15 AM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA