

M15000000295

JAN 26 2015 03:41pm

P001/004

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KILLGORE, PEARLMAN, STAMP, ORNSTEIN & SQUIRES
Account Number : I19980000007
Phone : (407) 425-1020
Fax Number : (407) 839-3635

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

Email Address: JALDRETE@VTAIG.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DBVT MOTORS, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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15 JAN 27 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

15 JAN 27 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers JAN 29 2015

COVER LETTER

Jan 26 2015 06:41pm

P002/004

Fax Audit No. H15000020941 3

TO: Registration Section
Division of Corporations

SUBJECT: DBVT Motors, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Javier Aldrete

Name of Person

The Van Tuyl Group

Firm/Company

1550 E Missiouri #300

Address

Phoenix, AZ 85014

City/State and Zip Code

jaldrete@vtaig.com

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

For further information concerning this matter, please call:

Javier Aldrete

Name of Person

at (816) 587-2988

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

CR2E055 (12/14)

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: DBVT Motors, LLC
2. The Florida document number of this limited liability company is: M15000000295
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: January 12, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "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 contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

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8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Addition of officers

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
<u>S/T</u>	<u>Allan M. Cady</u>	<u>7601 N Central Ave #24</u>	<input checked="" type="checkbox"/> Add
		<u>Phoenix, AZ 85020</u>	<input type="checkbox"/> Remove
<u>VP</u>	<u>Casey Flaherty</u>	<u>1331 SW 25th Way</u>	<input checked="" type="checkbox"/> Add
		<u>Boynton Beach, FL 33426</u>	<input type="checkbox"/> Remove
<u>VP</u>	<u>Patricia A. Van Tuyl</u>	<u>1550 E Missouri #300</u>	<input checked="" type="checkbox"/> Add
		<u>Phoenix, AZ 85014</u>	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Larry Van Tuyl, Manager

Typed or printed name of signer

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA