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T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

ADVENTURE TIRES 5 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:

BENJAMIN SCHIFF

₃₇954

921-6431

Name of Contact Person

Area Code

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

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. ADVENTURE TIRE		
(Name of Foreign Limite	d Liability Company; must include "Limited Lia	bility Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate na Liability Company," "L.L.C," or "LLC	me adopted for the purpose of transacting busine	ess in Florida. The alternate name must include "Limited
_{2.} Delaware	3. N/A	
 (Jurisdiction under the law of which company is organized) 	foreign limited liability	(FEI number, if applicable)
4		
(See	Date first transacted business in Florida, if prior tesections 605.0904 & 605.0905, F.S. to determine	to registration.) ne penalty liability)
_{5.} _2629 Weston R	oad	
Weston, FL 333	31	E S M
	(Street Address of Principal Off	lice)
_{6.} _ 2629 Weston R	oad	
Weston, FL 333	331	5m ≯
	(Mailing Address)	
7. The name, title or capacity	y and address of the person(s) who ha	as/have authority to manage is/are:
LUIS SERR	ANO, Manager	, c
	<u> </u>	······
having custody of records in t	he jurisdiction under the law of whic	days old, duly authenticated by the official ch it is organized. (A photocopy is not of the certificate under oath of the translator
	8	
(In accordance with section 605.0203, F.S., am aware that any false information submitt	Signature of an authorized the execution of this document constitutes an affirmation of the Department of State constitutes	person on under the penalties of perjury that the facts stated herein are true s a third degree felony as provided for in s.817.155, F.S.)
E	BENJAMIN SCHIFF	
	Typed or printed name of sig	nee

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 Compar	-	
ABVENTONE TIMES OF	-LO	
If unavailable, the alternate to be used in the s	tate of Florida is:	
2. The name and the Florida street address of	the registered agent and office a	re:
TAMES	MIGUES (Name)	
	(Name)	
1901 HARRISO	ON ST, #210	
Florida Street Addre	ss (P.O. Box NOT ACCEPTABLE)	
HOLLYWOOD,	33020 FL	
	City/State/Zip	
Having been named as registered agent and to	accept service of process for the	above stated limited

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 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)



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ADVENTURE TIRES 5, 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 EIGHTH DAY OF MAY, A.D. 2015.

5734698 8300

150568434

AUTHENTY CATION: 2360722

DATE: 05-08-15

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