MEDDO07766

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| 647 WB-61563 |

Office Use Only



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09/16/15--01004--007 **125.00

SEONETATY OF STATE
ALLIANASSEE FLASHINA

SEP 2 9 2015 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2015

BENJAMIN SCHIFF 1901 HARRISON STREET HOLLYWOOD, FL 33020

SUBJECT: ADVENTURE TIRES DISTRIBUTION LLC

Ref. Number: W15000061563

We have received your document for ADVENTURE TIRES DISTRIBUTION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State day authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 215A00019691

5 SEP 28 PK 4: 01

COVER LETTER

| TO: | | ation Section of Corporation | os | | | | |
|----------|-----------------------------------|---|--|------------------------------------|---|---|--|
| SUBJE | | VENTURE TIR | ES DISTRIBUTION LLC | | | | |
| | | | Name of | Limited Liability | Company | | |
| | | | eign Limited Liability Comp d to register the above refer | | | | |
| Please r | eturn all c | correspondence c | oncerning this matter to the | following: | | | |
| | | BENJAMIN S | CHIFF | | | | |
| | | | N | ame of Person | | | |
| | | | | | | | |
| | | | Fi | irm/Company | | | |
| | | 1901 HARRIS | ON ST | | | | |
| | | | | Address | | | |
| | | HOLLYWOOD |), FL 33020 | | | | 高 |
| | | | City/S | tate and Zip Code | | | 图 8 四 |
| | | westonusa@gma | | | | | P 16 P |
| | | | E-mail address: (to be used | for future annual | report not | ification) | PERSONAL PROPERTY OF THE PROPE |
| For furt | her inform | nation concerning | g this matter, please call: | | | | 题 5 |
| | Ben Sch | niff | | 954 at (| 921-643) | 31 | 20 m |
| | | Name o | f Contact Person | Area Code | Day | time Telephone N | umber |
| | Division Registrat P.O. Box | NG ADDRESS: of Corporations tion Section & 6327 see, FL 32314 | | | Division Registrati Clifton B 2661 Exe | of Corporations ion Section uilding secutive Center Circlee, FL 32301 | le |
| Enclose | | ck for the follow 00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir Certified Copy | ng Fee & | □ \$160.00 Filing of Status & Cert | g Fee, Certificate ified 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:

| name unavailable, enter alability Company," "L.L.C, | ternate name adopted for the purpo | se of tra | nsacting busing | ness in Florida. The alte | ernate nam | e must include "Limi |
|---|--|----------------------|--|--|---|----------------------|
| DELAWARE | | 3 | N/A | | | |
| Jurisdiction under the law company is organized) | of which foreign limited liability | • | | (FEI number, if a | pplicable) | |
| | | | | | | |
| | (Date first transacted busin (See sections 605.0904 & 60: | ess in F. 5.0905, | lorida, if prior F.S. to determ | to registration.) ine penalty liability) | | |
| 2629 WESTON RD | | | | | | |
| WESTON, FL 33331 | | | | | | |
| | (Street Address of | Principa | al Office) | | | |
| 2629 WESTON RD | | | | | | |
| WESTON, FL 33331 | | | | | | 코 등 등 |
| | (Mailing | Addres | s) | | | 图 0 |
| Name and street address | s of Florida registered agent: (F | O. Bo | x <u>NOT</u> acce | ptable) | | 製造物で |
| Name: | JAMES MIGUES | | | | | SAR 5 |
| Office Address: | 1901 HARRISON ST | | | | | 門の子 |
| | | | | | | कुड़े ए |
| | Hollywood | | | E1 33020 | | الما البغام |
| gistered agent's accep | (City) | vice of | Mars for | ` 1 | code) | ty company at the |
| iving been named as resignated in this application complywith the provision cept the obligations of t | (City) tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. (Regis | tment prope | ori comple ent's signatur | (Zip) the above stated limi l agent and agree to dete performance of n | ited liabili act in this ny duties, | capacity. I furthe |
| aving been named as resignated in this application of the provision of the obligations of the name, title or capa | (City) tance: gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. | tered ag | and complete of co | the above stated limit agent and agree to a sete performance of n | ited liabili act in this ny duties, | capacity. I furthe |
| aving been named as resignated in this application of the provision of the obligations of the name, title or capa | (City) tance: gistered agent and to accept sention, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registery and address of the person(s | tered ag | and complete of co | the above stated limit agent and agree to a sete performance of n | ited liabili act in this ny duties, | capacity. I furthe |
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| aving been named as resignated in this application of the provision of the obligations of the name, title or capa | (City) tance: gistered agent and to accept sention, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. (Registery and address of the person(s | tered ag | and complete of co | the above stated limit agent and agree to a sete performance of n | ited liabili act in this ny duties, | capacity. I furthe |

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

JAMES MIGUES

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT

COPY OF THE CERTIFICATE OF FORMATION OF "ADVENTURE TIRES

DISTRIBUTION LLC", FILED IN THIS OFFICE ON THE FIRST DAY OF

SEPTEMBER, A.D. 2015, AT 4:25 O'CLOCK P.M.

SERRETARY OF STATE

5814205 8100

151244410

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 2696688

DATE: 09-02-15

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