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То:	Division of Corporations Fax Number : (850)617-6383	-3 AM 7:							
From:	Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A. Account Number : 076624003440 Phone : (305)444-6226 Fax Number : (305)442-4829	⊕ 5 3							
	Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.								
Email	Email Address:								
Foreign Limited Liability Company MAXAM TIRE LLC									
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12/03/2015 15:21	3054424829	ARAZUZA & FERNANDEZ	. PAGE 03/04
APPLICATION BY F	OREIGN LIMITED LIABII	H15000286467 3 JTY COMPANY FOR AUTHORIZATION TO TRANS IN FLORIDA	SACT BUSINESS
	CTION 605.0902, FLORIDA STATL USINESS IN THE STATE OF FLOI	ITES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIG 2014:	N LIMITED LIABILITY
, MAXAM TIRE LLC			
(Name of For	eign Limited Liebility Company;	must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter a Liability Company," "L.L.C		pose of transacting business in Florida. The alternate name must i	nclude "Limited
, STATE OF DELAWA		- 81-0712189	
	of which foreign limited liability	5. (FE) number, if applicable)	
4. DATE OF FILING W	ITH THE FLORIDA DEPAR		
		siness in Florida, if prior to registration.) 505.0905, F.S. to determine penalty liability)	
5. 9840 SW 77TH AVE	NUE, SUITE 301, MIAMI, FI	. 33156	2015
			· · · ·
	(Street Address	of Principal Office)	DEC FIL
6. 9840 SW 77TH AVEN	IUE, SUITE 301, MIAMI, FL	33156	3
· · ·	(Mail)	ng Addrass)	7
7. Name and street addres	s of Florida registered agent;	(P.O. Box NOT accentable)	<u> 第一</u> 5
Name:	ARAZOZA & FERNANDI	· · · · ·	$\omega = \frac{1}{2}$
Office Address:	2100 SALZEDO STREET,	SUITE 300	
	CORAL GABLES	Florida 33134	
_ / _	(City)		
designated in this application to complywith the provision	gistered agent and to accept t tion, I hereby accept the appo	service of process for the above stated limited Hability comp intment as registered agent and agree to act in this capaci- he proper and complete performance of my duties, and I a st	lty. I further agree
	(Rc)	sistered agont's signature	
8. The name, title or capa	city and address of the person	(s) who has/have authority to manage is/are:	
		TUE, SUTTE 301, MIAMI, FL 33156	
MGR - MARCO ZIGNT-N	VICOLINI of 9840 SW 77TH	AVENUE, SUITE 301, MIAMI, FL 33156	-
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	of which it is organized. (If the	days old, duly authenticated by the official having custody to cortificate is in a foreign language, a translation of the cert	
	Signat	re of an gathorized person	
This document is executed submitted in a document to	the Department of State consi	5.0203 (1) (b), Florida Statutes. I am aware that any false inf itutes a third degree felony as provided for in \$.\$17.155, F.S	iormation
	Marco Zia Typert		
	Typed	or printed name of signee	

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MAXAM TIRE 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 SECOND DAY OF DECEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAXAM TIRE LLC" WAS FORMED ON THE FIRST DAY OF DECEMBER, A.D. 2015.

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

Authentication: 10530395 Date: 12-02-15

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SR# 20151161144 You may verify this certificate online at corp.delaware.gov/authver.shtml