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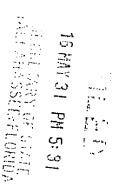
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COVER LETTER

TO:

Registration Section

Division of C	Corporations		
US Auto	Import Specialists, LLC		
<u> </u>	Name of I	Limited Liability Company	
		eany for Authorization to Transact Business in Florida," Cenced foreign limited liability company to transact busine	
Please return all corres	spondence concerning this matter to the	following:	
Dr.	Richard C. Farmer		
	Na	ame of Person	
JG /	Auto Finance, Inc.		
	Fi	rm/Company	
907	NE 3rd Avenue		
		Address	
Fort	Lauderdale, Florida 33304		
	City/St	ate and Zip Code	
Joefin	ance500@gmail.com		
	E-mail address: (to be used	for future annual report notification)	
For further information	1 concerning this matter, please call:		
Dr. Richard (C Farmer	954 305-5526 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	
MAILING A Division of C Registration S P.O. Box 632 Tallahassee, I	orporations Section 7	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for □ \$125.00 Fi	r the following amount: cling Fee \$\mathbb{\mtx}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Cer Certified Copy 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. US Auto Import Specia		ude "Limited Liability Company," "L.L.C.," o	r "LLC.")	-	
(Nume of For	orga Eminion Emonity Company, mass more		. .		
iability Company," "L.L.C,		ansacting business in Florida. The alternate na	me must inc	lude "I	imited
State of Wyoming	3.				
company is organized)	of which foreign limited liability	(FEI number, if applicable	e)		
· N/A	(Date first transacted business in F	Florida, if prior to registration.)	_		
907 NE 3rd Avenue	(See sections 605.0904 & 605.0905,	F.S. to determine penalty liability)	_		
Fort Lauderdale, Florid					
	(Street Address of Princip	oal Office)	_ ::1	aurin N	
907 NE 3rd Avenue			_ = = = = = = = = = = = = = = = = = = =	CD:	
Fort Lauderdale, Florida 33304			HAY 3	a. hie	
	(Mailing Addres	ss)			
. Name and street addres	ss of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	[] [70	100
Name:	Joseph A Ghattas		1.00 mms	ςù	
Office Address:	907 NE 3rd Avenue		# 25 00 00 00 00 00 00 00 00 00 00 00 00 00	<u> </u>	
	Fort Lauderdale	, Florida 33304	\$>		
	(City)	(Zip code)			
lesignated in this applica o complywith the provisi	tion, I hereby accept the appointment	f process for the above stated limited lial as registered agent and agree to act in the er and complete performance of my dution	his capacit	y. I fu	rther agi
	(Registered a	gent's signature)			
9 The name title or con	acity and address of the person(s) who	has/have authority to manage is/are:			
•	nt/Treasurer 251 SE 12th Avenue Pom			•	
		<u> </u>		-	
Or. Richard C Farmer VP	/Secretary 545 S.Ft. Lauderdale Blvd.	Unit 703 Fort Lauderdale, Floriad 33316		-	
				_	
	of which it is organized. (If the certific	d, duly authenticated by the official having the is in a foreign language, a translation			
	Signature of an	authorized person	. _		
his document is executed	in accordance with section 605.0203 ((1) (b), Florida Statutes. I am aware that a	ny false inf	ormatio	on

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Dr. Richard C. Farmer

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 9, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000708654**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of March, 2016 at 9:11 AM. This certificate is assigned 019687330.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.