11/28/2016

Fax: (888) 501-2390

To: 8606176383@rcfax.con Fax: +18606176383

Page 2 of 6 11/28/2016 3:47 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DEALER CONSULTING SERVICES, INC.

Account Number : I20010000121 Phone : (305)758-9001 Fax Number : (888)501-2390

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

Email Address: CORPORATIONS@DCSMIAMI.COM

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## Foreign Limited Liability Company LMP MOTORS.COM, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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D. SCOTT NOV 2 9 2016 TO:

Fax: (888) 501-2390

Registration Section

To: 8506176383@rcfax.com Fax: +18506176383

Page 4 of 6: 11/29/2016 3:47 PM H160002910193

## **COVER LETTER**

Divis	sion of Corporatio	ns					
SUBJECT:	LMP MOTORS.CO	OM, LLC					
		Name of	Limited Liability	Company		_	
The enclosed Existence, and	"Application by For I check are submitted	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limi	ation to Transited liability of	eact Business in Florid company to transact bu	a," Certificate of siness in Florida	
Please return a	all correspondence	concerning this matter to the	following:		,		
	Janixa Ramos				•		
		N	ame of Person		······································	_	
	Dealer Consulting Services, Inc.						
	Firm/Company						
	7537 NW 7th Avenue						
Address							
	Miami, FL 331	50			··	•	
		City/S	tate and Zip Code			<del>-</del> 🖮	
	Corporations@d	csmiami.com					
		E-mail address: (to be use	for future annua	report notifi	cation)		
For further inf	ormation concerning	g this matter, please call:			· SSE	LE1 28	
Janiz	a Ramos		30\$ at (	758-9001	÷.	PR IS	
	Name o	of Contact Person	Area Code	Daytin	ne Telephone Number	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Divis Regis P.O.	LING ADDRESS: tion of Corporations stration Section Box 6327 hassee, FL 32314			Registration Clifton Buil	Corporations a Section adding ative Center Circle		
	check for the follow 25.00 Filing Fee	ing amount: ■ \$130,00 Filing Fee & Certificate of Status	☐ \$155,00 Filin Certified Copy	_	□ \$160.00 Filing Fee, of Status & Certified C		

## 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:

LMP MOTORS.COM							
(Name of Fore	eign Limited Liability Company; m	ust includ	de "Limited Liab	ility Company," "L.L.C.,"	or "LLC.")		
If name unavailable, enter al liability Company," "L.L.C."	Iternate name adopted for the purport of "LI,C,")	ise of trai	nsacting business	s in Florida. The alternate	name must include "Limited		
Delaware		3.	81-4284200	,			
(Jurisdiction under the law company is organized)	of which foreign limited liability			(FEI number, if applicable)			
	(Date first transacted busin (See sections 605.0904 & 60	iess in Fl	orida, if prior to	registration.)	<del></del>		
601 N.STATE RD 7 P	LANTATION, FL 33179	3,0903, 1	.s. to determine	penanty nationary)			
,							
		H=-1	L O Mr.				
SOLN: STATE DO 7 DI	(Street Address of LANTATION, FL 33179	Principa	d Office)		· ·		
OUT WASTATE RESTITE	LANTATION, PC 33177	*					
					75 5 6		
	(Mailing	Address	)		ESAN		
Name and street addres	ss of Florida registered agent: (I	P.O. Box	NOT accepta	able)			
Name:	SAMER SALAHEL-DIN TA	WFIK			28 E		
	601 N.STATE RD 7			· ·	HO P O		
Office Address:				- 22120	三三二		
	PLANTATION			, Florida 33179			
egistered agent's accep	(City)			(Zip code)			
esignated in this applica complywith the provision	gistered agent and to accept se tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent	ntment a e proper	is registered ag	zent and agree to act in	this capacity. I further ugr		
	(Regi	stered age	ent's signature)				
. The name, title or caps	acity and address of the person(s	s) who h	as/have authori	ity to manage is/are:			
AMER SALAHEL-DIN	TAWFIK - MANAGER						
01 N. STATE RD 7							
LANTATION, FL 3317	9						
	of existence, no more than 90 d of which it is organized. (If the abmitted)						
	Signatur	e of an a	uthorized person	,	<del></del>		
his document is executed	f in accordance with section 605	.0203 (1	) (b), Florida S	itatutes. I am aware that	any false information		
	the Department of State constitution						

SAMER SALAHEL-DIN TAWFIK

Typed or printed name of signee



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LMP MOTORS.COM, 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 TWENTY-SECOND DAY OF NOVEMBER, A.D. 2016.

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

16 NOV 28 PH 12: 34
SECRETARY OF STATE
SECRETARY OF

6195026 8300 SR# 20166751691

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

Jeffrey W. Buttock, Secretary of State

Authentication: 203382573

Date: 11-22-16