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.

(((H170003172963)))



H170003172963ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

			·	
	Estimated Charge	\$125.00		
	Page Count	04	1-370	
	Certified Copy	0		;
	Certificate of Status	, fair a O		
	MAVIS SOUT	• •	· · · · · · · · · · · · · · · · · · ·	
	Foreign Limited L	iability Company		ċ
				4
Ema i	l Address:		<b></b>	4
**Enter ti annu	ne email address for this bu al report mailings. Enter or	siness entity to be aly one email addres	used for future s please.**	
	Fax Number : (954)208-		<u>&gt;</u>	1
	Account Number : FCA000000 Phone : (512)418-	023		
From:	Account Name : C T CORFO	RATION SYSTEM	$\geq$	
	Division of Corporations Fax Number : (850)517-	6383		

Electronic Filing Menu

Corporate Filing Menu



## COVER LETTER

TO:		stration Section sion of Corporation	s		
SUBJEC		Mavis Southeast LL			
			Name of 1	Limited Liability Company	
The encl Existence	iosed ce, and	"Application by For I check are submitted	eign Limited Liability Comp d to register the above refere	any for Authorization to Transced foreign limited liability	nsact Business in Florida," Certificate of company to transact business in Florida.
Please re	cturn :	all correspondence c	onceming this matter to the	following:	
		Fred Christense	n		_
			Na	ine of Person	
		Mavis Southeas	a LLC		
			Fi	глу Согорану	
		358 Saw Mill R	iver Road		
				Address	
		Millwood, Nev	York 10546		
		<del></del>	City/\$	tate and Zip Code	
		fehristensen@ma			
			E-mail address: (to be used	for future annual report not	ification)
For furt	her in	formation concernin	g this matter, please call:		
Fred Christensen				at (	90
		Name o	f Contact Person	Area Code Day	time Telephone Number
	Divi Regi P.O.	iLING ADDRESS: sion of Corporations stration Section Box 6327 ahassee, FL 32314		Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding centive Center Circle ice, FL 32301
Enclose		check for the follow 125,00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filing Fee & Certified Copy	☐ \$160,00 Filing Fee, Certificate of Status & Certified Copy

IN COMPLINCE WITH SEXT COMPANY TO TRINSACTIRE	TION GESTAID, FLORIDA STATUTES, THE SIMMS INTHE STATEOFFLORIDA	E FOLLOWING IS SUBMITTED TO RE	GISTERA FORESCY LIMITED.	ЦАВИЛТУ
I. Mavis Southeast LLC [Name of Fineign	Limited Cability Company, must include the	nited Liability Company, "L.E.C., or "I	IC.")	
Il name unavailable, ester alternate n	turne edopted for the purpose of transacting business in	it lands. The steerate misterness defined "Links	red taxbility Compring, "Tell-C," or "ful-C	1
2. Delaware  (Juradellan lader the law of w	high Creight Pittaled Hability Conspany is sugarized)	3. 82-3052373		
4	(that e first timenested be success as Clonds, if you (See sections 605 0xels & 605 0xels, F.N. to de-	n to .egstralien ]	<del></del>	
. 358 Saw Mill River Re		a 358 Saw Mill River R	load	
(Street Address of	Francisco Other;	(N:a0)	Millwood, New York 10546	
Millwood, New York	10040	Will Wood, 1 Ch		. ~ <u>-</u>
				دي 🚗 ديرا .
7. Name and street address	ss of Florida registered agent: (P.O. i	30x <u>NOT</u> neceptali <u>ly</u> )		1 = 1
Name:	C T Corporation System			<u> </u>
Office Address:	1200 South Pine Island Road	. <u> </u>	-	<u> </u>
	Plantation (Co.)	, Florida 3332	4	k) (9)
designated in this applicate to comply with the provis	egistered agent and to accept service action. I hereby accept the appointmentions of all statutes relative to the prosist of my position as registered agent.  By: CT Cosporation System	n as registered agent and agree of the sper and complete performance of the sperior and the specior and the sperior and the sperior and the sperior and the specior and the sperior and the sperior and the sperior and the specior and the sperior and the specior and the sp	io aci in inis capacity. A jurii	ner ugree
8. The name, title or cap Title or Capacity:	oacity and address of the personts) wh  Name and Address:	o hasAnave authority to manage is <u>Title or Capacity:</u>	/are: <u>Name and Address:</u>	<u>i</u>
Sale Member	Mavis Tire Supply LLC			<del> </del>
	338 Saw Mill River Rond Millwood, New York 195	46		
(Use attachments if nece	essary)	<del></del>		
	te of existence, no more than 90 days vol which it is organized. (If the certi-	old, duly authentica;ed by the offi Neete Is in a foreign tanguage, a to	cial having custody of record ranslation of the certificate un	s in the .der oath
10. This document is exe submitted in a document	cuted in accordance with section 605. In the Department of State constitutes	0203 (1) (b), Florida Statutes. Lar a third degree felony as provided	n aware that any false information in \$.817.155, F.S.	ition
		Ch. T		
	` S/ <sub>2</sub>	NBTHA Of Bull Philipping of Littern		
	Fred Christensen, CFO of Mavis T			
	7	aped or printed name of sigures		



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MAVIS SOUTHEAST 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 FOURTH DAY OF DECEMBER, A.D. 2017.

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

6549064 8300
SR# 20177370352
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203679695

Date: 12-04-17