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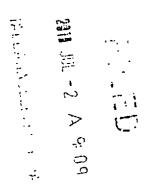
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	

Office Use Only



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7/5/18/05



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2018

MARK JACOB 42600 R MANCINI DR STERLING HEIGHTS, MI 48314

SUBJECT: MANCINI ENTERPRISES, LLC

Ref. Number: W18000055228



We have received your document for MANCINI ENTERPRISES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

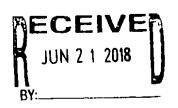
The document number of the name conflict is P95000079202.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 818A00012330



COVER LETTER

TO: Registration Section
Division of Corporations

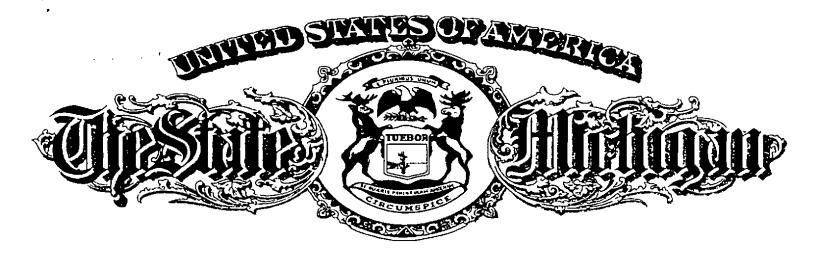
SUBJECT:	fancini Enterprises							
30bite1			imited Liability (Company			_	
		reign Limited Liability Comp ed to register the above refere						
Please return al	l correspondence	concerning this matter to the	following:					
	Mark Jacob							
		Na	ime of Person				_	
	Mancini Enterp	orises, LLC						
		Fir	rm/Company				-	
	42600 R. Mano	cini Drive						
			Address				2916	
	Sterling Height	is, MI 48314					و ان	
		City/St	ate and Zip Code				_ 	1
-	mjacob@mancir					•••	_>	11
		E-mail address: (to be used	for future annual	report not	ification)		÷ò	<u>ر</u>
For further info	rmation concernin	g this matter, please call:				7	0	
Mark	Jacob		586 _ at (685-100 	00		_	
	Name o	of Contact Person	Area Code	Day	time Telephone	Number		
Division Regist P.O. B	LING ADDRESS: on of Corporations ration Section lox 6327 assee, FL 32314			Division of Registrati Clifton Bi 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Cee, FL 32301			
	neck for the follow 5.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ng Fee &	■ \$160.00 Fi of Status & C			:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	RFRISCS FLORIDO LLC unite adopted for the purpose of transacting business in Flor		inning Company, 12 to C, to tack
Michigan Horsdomen under the law of w	high foreign hunted liability company is organized)	3. 38-2713059 (FEI num	ber, it applicable)
THE EXILENCE LANGE THE REAL OF THE		· · · · · · · · · · · · · · · · · · ·	,
***	(Date first transacted business in Flands, it may to	Peristrativa 1	
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, E.S. to determi	ne penalty liability)	
42600 R. Mancini Dri	ve	6. 42600 R. Maneini Drive	
Sterling Heights, MI 4		Sterling Heights, MI 4831	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	RICHARD MANLINI		
Office Address:	RICHARD MANCINI 420 LINCOLN ROAD, Suite	408	
	MIAMI BEACH (City)	m u 72/29	
	MIAMI BEACK (City)	1 Florida <u>33/37</u> 1 Florida <u>33/37</u>	ke)
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	gistered agent and to accept service of μ	process for the above stated limited	l liability company at the
iving been named as re signated in this applica	gistered agent and to accept service of patient, I hereby accept the appointment a	process for the above stated limited s registered agent and agree to act	I liability company at the in this capacity. I furthe
wing been named as re signated in this applica comply with the provis	egistered agent and to accept service of pation, I hereby accept the appointment a sions of all statutes relative to the proper s of my position as registered agent.	process for the above stated limited s registered agent and agree to act	I liability company at the in this capacity. I furthe
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The name, title or cap: Title or Capacity: President Jse attachments if neces Attached is a certificate disdiction under the law the translator must be s	registered agent and to accept service of pation. I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent. Registered agent's active and address of the person(s) who has a Name and Address: Richard Mancini 42600 R. Mancini Drive Sterling Heights, MI 48314 stary) of existence, no more than 90 days old, so of which it is organized. (If the certificat abmitted)	process for the above stated limited is registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: duly authenticated by the official have is in a foreign language, a translate	Name and Address:
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The name, title or caparity: President President Jise attachments if neces Attached is a certificate disdiction under the law the translator must be s. This document is executive.	registered agent and to accept service of pation. I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent. Registered agent's active and address of the person(s) who has a Name and Address: Richard Mancini 42600 R. Mancini Drive Sterling Heights, MI 48314 stary) of existence, no more than 90 days old, so of which it is organized. (If the certificate abmitted) active in accordance with section 605.0203	process for the above stated limited is registered agent and agree to act and complete performance of my signature) as/have authority to manage is/are: Title or Capacity: duly authenticated by the official hase is in a foreign language, a translate is in a foreign language.	Name and Address: aving custody of records in that any false information

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MANCINI ENTERPRISES, LLC

was validly authorized on February 15, 2005, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 24th day of May, 2018.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2018

S. TODD MITCHELL, CPA, CFO 322 S ALIVE ST DOTHAN, AL 36301

SUBJECT: TIRE DISTRIBUTORS, INC.

Ref. Number: W18000057873

We have received your document for TIRE DISTRIBUTORS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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

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

Dionne M Scott Regulatory Specialist II

Letter Number: 518A00012960

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