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SECRETARY OF STATE
ORDER

N CULLIGAN SEP 4 2018

### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: ARMIRAN Auto Sales and TRUCK U.C.  Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Lisa Kelly Name of Person
Name of Person
Firm/Company
10215 SE LENHARD RD Address
Con 1 11516 311653
FOR ST LUCIE FL 34952  City/State and Zip Code
blueribbonauto psi @ amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lisa Kelly at (170) 810-1671  Name of Confact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount:  S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate  Certificate of Status 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. ARMIRAN AUTO SALES and Track LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC,")
Aff name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")
2. State of Washington  Jurisdiction inder the law of which foreign limited hability company is organized)  3. 83-46 33223  (FEI number, if applicable)
4. (Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605,0905, F.S. to determine penalty liability)
5. 10215 SE LENNARD RO 6. 10215 SE LENNARD RO (Mailing Address)  PORT ST Lucie FL  34952  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
PORT ST LUCIE FL
34957
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Lisa Kelly  Office Address: 10215 SC LENNARD RD  Port St Lucie Ft Florida 34952  (City)  (City)  Office Address: 10215 SC LENNARD RD  (City)  (City)  Office Address: 10215 SC LENNARD RD  (City)
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of old statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.    Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Title or Capacity:  Name and Address:  EXECUTOR  Armando Miranda Manager  8433 3846 37. E  EDGEWCOD, WA 98371  FORT ST Cucie FC 3495
EXECUTOR ADAO TEIXEIRA SECRETARY LISA HELLY 1503 65 m ST SE ANGUEN WA 98092 CORT ST LUCIE FL 24002
(Use attachments if necessary)
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

USA Well

Typed or printed name of signee

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information

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

# The State of Washington

# Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

OF

#### ARMIRAN AUTO SALES AND TRUCK LLC

**I CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/19/2017.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/15/2018 UBI Number: 604 199 766

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

STATE OF THE STATE

Kim Wyman, Secretary of State

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Date Issued: 08/15/2018