M1800009776

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T. CLINE

EXAMINE

W18-94568



October 26, 2018

ROBERT PARKER 8297 CHAMPIONS GATE BLVD, SUITE 342 CHAMPIONSGATE, FL 33896

SUBJECT: AMERICAN VENTURE ACCESSORIES, LLC

Ref. Number: W18000094568

We have received your document for AMERICAN VENTURE ACCESSORIES, 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 registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline Regulatory Specialist III

Letter Number: 118A00022110: SCHEEN OCT 30 AM 8:

COVER LETTER

Registration Section Division of Corporations

TO:

cus ucar		URE ACCESSORIES, LLC	•				
SUBJECT:	Name of Limited Liability Company						
		reign Limited Liability Comp d to register the above refer					
Please return	n all correspondence c	concerning this matter to the	following:				
	ROBERT PAR	KER					
		N	ame of Person			•	
	AMERICAN V	ENTURE ACCESSORIES.	LLC				
	Firm/Company						
	8297 CHAMPI	ONS GATE BLVD, SUITE	#342				
	Address						
	CHAMPIONSGATE, FL. 33896						
	City/State and Zip Code TJ6653@GMAIL.COM						L.
		E-mail address: (to be use	d for future annual	report notification)	— <u>~</u> 25.—	AH 8:	
For further i	nformation concernin	g this matter, please call:			5.	56	
RC	BERT PARKER		414 at (581-9124			
	Name c	of Contact Person	Area Code	Daytime Telephone	Number	-	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	a check for the follow \$125,00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155,00 Filin Certified Copy	ng Fee & ■ \$160,00 Fi of Status & C			ite

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 TUMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

f name unavailable, enter alternate t	name adopted for the purpose of transacting business in Flor	rida. The afternate name :	must include "Limited Liabilit	y Company," "L.L.C	1," or "I.I.(· (`.")
STATE OF DELAWAR	RE	3, 83-1398	761			
Durisdiction under the law of w	(FEI number, if applicable)					
10/01/2018						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905; F.S. to determi	registration) ne penalty liability)				
8297 CHAMPIONS O	GATE BLVD	6. 8297 CH	AMPIONS GATE B	LVD		
(Street Address of SUITE #342	Principal Office)	SUITE#	(Mailing Address	i i i	8	•
	17 229)/		·	<u> </u>		
CHAMPIONSGATE,	PL 33896	CHAMP	ONSGATE, FL 338	196 主活	2016 OCT	• ·
				SSA SSA	30	-
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	က္ကြင္		ļ
Name:	Robert Parker			- <u>1</u> -1-5	A	
Office Address:	1720 Clubhouse Cove			25	ထ္	Ĺ
Office Address:				□ /~	56	
	Haines City (City)	, F	lorida 33844 (Zip code)			
wing have named as re	egistered agent and to accept service of p	rocess for the ab	ava stated limited lie	shilite comma	ne at th	a nla
	Robert Parker					
	(Registered agent's s	ignature)				
•	acity and address of the person(s) who ha	s/have authority t	_			
The name, title or capa <u>Title or Capacity:</u>			_	Name and Ac	ddress:	
•	acity and address of the person(s) who ha Name and Address: Thomas Johnson	s/have authority t	_	Name and Ac	ddress:	
Title or Capacity:	acity and address of the person(s) who ha Name and Address: Thomas Johnson W201N16265 Ash Dr	s/have authority t	_	Name and A	ddress:	
Title or Capacity: Member	acity and address of the person(s) who ha Name and Address: Thomas Johnson	s/have authority t	_	Name and Ac	ddress:	-
Title or Capacity:	acity and address of the person(s) who ha Name and Address: Thomas Johnson W201N16265 Ash Dr	s/have authority t	_	Name and Ac	ddress:	
Title or Capacity: Member	acity and address of the person(s) who ha Name and Address: Thomas Johnson W201N16265 Ash Dr Jackson, WI 53037	s/have authority t	_	Name and Ac	ddress:	
Title or Capacity: Member	acity and address of the person(s) who ha Name and Address: Thomas Johnson W201N16265 Ash Dr Jackson, WI 53037 Robert Parker	s/have authority t	_	Name and A	ddress:	
Title or Capacity: Member Member	Thomas Johnson W201N16265 Ash Dr Jackson, WI 53037 Robert Parker 1720 Clubhouse Cove Haines City, FL 33844	s/have authority t	_	Name and Ac	ddress:	
Title or Capacity: Member Member Jse attachments if neces	acity and address of the person(s) who ha Name and Address: Thomas Johnson W201N16265 Ash Dr Jackson, WI 53037 Robert Parker 1720 Clubhouse Cove Haines City, FL 33844 sary)	s/have authority t	pacity:			in th
Title or Capacity: Member Member Jse attachments if neces Attached is a certificate	Thomas Johnson W201N16265 Ash Dr Jackson, WI 53037 Robert Parker 1720 Clubhouse Cove Haines City, FL 33844 sary) of existence, no more than 90 days old, of	s/have authority t Title or Cap	by the official havin	ng custody of	records	
Title or Capacity: Member Member Jee attachments if neces Attached is a certificate is diction under the law	Thomas Johnson W201N16265 Ash Dr Jackson, WI 53037 Robert Parker 1720 Clubhouse Cove Haines City, FL 33844 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate	s/have authority t Title or Cap	by the official havin	ng custody of	records	
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Title or Capacity: Member Member Jee attachments if neces Attached is a certificate risdiction under the law the translator must be so. This document is exec	Thomas Johnson W201N16265 Ash Dr Jackson, WI 53037 Robert Parker 1720 Clubhouse Cove Haines City, FL 33844 sary) of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) uted in accordance with section 605.0203 of the Department of State constitutes a 1	duly authenticated is in a foreign la	by the official bavinguage, a translation	ng custody of a of the certific	records	ler oa
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AMERICAN VENTURE ACCESSORIES 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-NINTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMERICAN VENTURE ACCESSORIES LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2018.

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

at com culaware gov/auth

Authentication: 203699846

Date: 10-29-18

6990984 8300 SR# 20187364496