M19600000318

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(/ 10					
(Cil	ty/State/Zip/Phone	e #)			
DIGICALIS		—			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
- (Dr	cument Number)				
(5)	, out the moety				
Certified Copies	Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:				
·	J				
MPINI	2024	585			
11110					

Office Use Only



600326866896

Y SCOTT MAY 1 2019





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 4, 2019

CARLOS J. SOLORZANO 6341 BUFORD HWY PEACHTREE CORNERS, GA 30071

SUBJECT: LOS PAISANOS AUTO & TRUCK SALES LLC

Ref. Number: W19000034585

We have received your document for LOS PAISANOS AUTO & TRUCK SALES 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

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) 245-6052.

Yvette Scott Document Specialist II

www.sunbiz.org

Letter Number: 219A00006760

COVER LETTER

.

	Registration Section Division of Corporations							
OF 150 FEE 230		TO & TRUCK SALES LLC						
SUBJECT	Name of Limited Liability Company							
The enclos Existence,	sed "Application by Fore and check are submitted	ign Limited Liability Company to register the above reference	for Authoriza d foreign limi	ation to Transact : ted liability comp	Business in Florida," (pany to transact busine	Certificate of ess in Florida		
Please retu	um all correspondence co	ncerning this matter to the follo	owing:					
	CARLOS J. SOI	ORZANO						
		Name	of Person	-				
		/1	OS PAISAN	OS AUTO & TR	UCK SALES LLC			
	6341 BUFORD		Company		ZOIS APR			
				.	AR AR	, Ti		
	PEACHTREE C	ORNERS, GEORGIA 30071	ddress		SSE SSE	. [
		City/State	and Zip Code		PH 4:			
	elcompaauto@gar	nil.com			S I A E LORIDA)		
		E-mail address: (to be used for	· future annua	l report notification				
For further	r information concerning	this matter, please call:						
(CARLOS J SOLORZAN	O at	404 : (932-1961				
_	Name of	Contact Person	Area Code	Daytime T	Telephone Number			
D R P	MAILING ADDRESS: Division of Corporations degistration Section O. Box 6327 Callahassee, FL 32314			STREET ADD Division of Cor Registration Se Clifton Building 2661 Executive Tallahassee, FL	porations ction g : Center Circle			
	inclosed is a check for the lease make check payabl	e following amount: e to: FLORIDA DEPARTME	ENT OF STA	TE				
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status) Filing Fee & ied Copy	\$160.00 Filing F of Status & Certi			

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. (Name of Foreign	O & TRUCK SALES LLC Limited Liability Company; must include "Limite	ed Liabilit	y Company," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate na	ame adopted for the purpose of transacting business in Flo	orida. The a	Itemate name must include "Limited Liability (Company," "	L.L.C." or	"LLC.")
PEACHTREE CORNERS, GEORGIA 2		3.	465461356			
2. (Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)			
04/01/2019 4.						
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	t.) liability)	_		
6341 BUFORD HWY				TALL AHASS	2019 A.PR	
(Street Address of F	rincipal Office)	0.	(Mailing Address)	盖色	20	1
PEACHTREE CORNE	ERS.		PEACHTREE CORNERS	rri	₹24	,
GEORGIA, 30071			GEORGIA, 30071	E, FLO	PH 4:	
7. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u>	acceptable)	SIDA DA	29	
	_					
Name:	EDIN OTONIEL TABORA LARA	· (
Office Address:	220 GREGORY DR					
	MARY ESTHER		32569 , Florida			
	(City)		(Zip code)			

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 all 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.

Edin Otabora
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: EDIN O TABORA CARLOS J SOLORZANO Manager Manager Address: ____ 6341 BUFORD HWY ☐ Mcmber Member Address: PEACHTREE CORNERS, GA 30071 PEACHTREE CORNERS, GA 30071 Authorized Authorized Person Person Other_ Other____ Other Name: Manager Member Member Address: Address: Authorized Authorized Person Person Other Other Other Other Manager Manager Name: Address: Member Member Address: ☐ Authorized Authorized Person Person Other____ Other_ Other____ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 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. Signature of an authorized person CARLOS J SOLORZANO

Typed or printed name of signee

Control Number: 14039477

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Los Paisanos Auto & Truck Sales LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17161640
Date Inc/Auth/Filed: 04/21/2014
Jurisdiction : Georgia
Print Date : 04/22/2019

Form Number : 211



Brad Raffangerger



STATE OF GEORGIA

Brian P. Kemp, Secretary of State Board of Used Motor Vehicle Dealers Used Motor Vehicle Dealer

License No. UCAR042621

Status: Active

Los Paisanos Auto & Truck Sales, LLC 6341 Buford Highway Peachtree Corners GA 30071

Issued: 4/22/2015 Expires: 3/31/2020 Carlos Solorzano

Real-time license verification is available at sos.georgia.gov/PLB

The Certificate above may be used for wall display.

The Card below may be used as the pocket identification card.

Licensees are required to maintain Bond and Insurance at all times.

Contact Board office for appropriate application for name change, change of address, change of Designee and/or type of ownership.

State Board of Registration of Used Motor Vehicle Dealers

237 Coliseum Drive

Macon, GA 31217

(478) 207-2440

Website: www.sos.state.ga.us/plb/usedcar

Renewal of a license shall not be granted unless the licensee has completed at least 6 hours of attendance at board approved continuing education seminar.

Please make note of the expiration on your registration. It is your responsibility to renew your registration before it expires.



STATE OF GEORGIA
Brian P. Kemp, Secretary of State
Board of Used Motor Vehicle Dealers
Used Motor Vehicle Dealer
License No. UCAR042621 - Active

Los Paisanos Auto & Truck Sales, LLC 6341 Buford Highway Peachtree Corners GA 30071

Issued 4/22/2015 Expires 3/31/2020

Carlos Solorzano

Real-time license verification is available at sos georgia gov/PLB