

M1900000540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

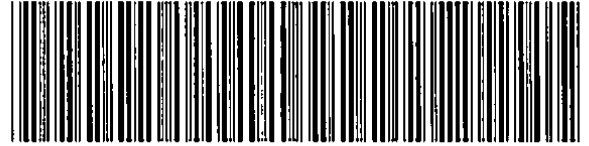
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700329667007

FILED

2018 JUN -3 PM 5:21

FLORIDA STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

19 JUN -3 PM 1:43

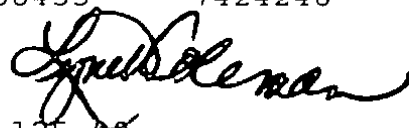
Z BROWN
Z BROWN

JUN 04 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 788455 7424246

AUTHORIZATION : 

COST LIMIT : \$ 125.00

ORDER DATE : June 2, 2019

ORDER TIME : 11:15 AM

ORDER NO. : 788455-025

CUSTOMER NO: 7424246

FOREIGN FILINGS

NAME: PURECARS TECHNOLOGIES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PureCars Technologies, LLC

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:

Don Delillo

Name of Person

Firm/Company

1447 Peachtree St NE, #900

Address

Atlanta, GA 30309

City/State and Zip Code

DonD@purecars.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Delillo

877 860-7873 X953
at ()

Name 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED
JUN 3 11 52 AM '11

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. PureCars Technologies, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (If 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(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. 1447 Peachtree St NE, #900
(Street Address of Principal Office)
6. 1447 Peachtree St NE, #900
(Mailing Address)
- Atlanta, GA 30309
- Atlanta, GA 30309
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee Florida 32301
(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.

Corporation Service Company
By: _____

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

FILED
JUN -3 PM 5:21
TALLAHASSEE, FL

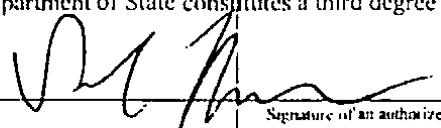
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Kevin Ma	<input checked="" type="checkbox"/> Manager	Name: Ron Nayot
<input type="checkbox"/> Member	Address: 1447 Peachtree St NE, #900	<input type="checkbox"/> Member	Address: 1447 Peachtree St NE, #900
<input type="checkbox"/> Authorized	Atlanta, GA 30309	<input type="checkbox"/> Authorized	Atlanta, GA 30309
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Joseph Lok	<input checked="" type="checkbox"/> Manager	Name: David Muscatel
<input type="checkbox"/> Member	Address: 1447 Peachtree St NE, #900	<input type="checkbox"/> Member	Address: 1447 Peachtree St NE, #900
<input type="checkbox"/> Authorized	Atlanta, GA 30309	<input type="checkbox"/> Authorized	Atlanta, GA 30309
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Oded Noy	<input checked="" type="checkbox"/> Manager	Name: Jeremy Anspach
<input type="checkbox"/> Member	Address: 1447 Peachtree St NE, #900	<input type="checkbox"/> Member	Address: 1447 Peachtree St NE, #900
<input type="checkbox"/> Authorized	Atlanta, GA 30309	<input type="checkbox"/> Authorized	Atlanta, GA 30309
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Sam Mylrea

Typed or printed name of signee

8. Names, title or capacity and addresses of the primary members/managers or persons authorized to manage continued:

Manager - Sam Mylrea - 1447 Peachtree St NE, #900, Atlanta, GA 30309

Manager - David Baum - 1447 Peachtree St NE, #900, Atlanta, GA 30309

Delaware


Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PURECARS TECHNOLOGIES, 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 THIRD DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PURECARS TECHNOLOGIES, LLC" WAS FORMED ON THE FIRST DAY OF APRIL, A.D. 2019.

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



Jeffrey W. Bullock, Secretary of State

7353101 8300

SR# 20195178098

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202942337

Date: 06-03-19