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COVER LETTER

TO:	Registration of	n Section Corporations						
SUBJEC		els Manufacturir	ng, LLC					
			Name of Limi	ted Liability (Company			
					tion to Transact Business in Flor led liability company to transact b			
Please re	eturn all cor	espondence conc	erning this matter to the follo	owing:				
	G	len Steinhoff						
	Name of Person							
	Quality Bicycle Products, Inc.							
	Firm/Company 6400 W 105th Street Address Bloomington, MN 55438							
	_		City/State	and Zip Code				
	gst	einho@qbp.com	n					
	E-mail address: (to be used for future annual report notification)						93	
For furth	her informat	ion concerning th	is matter, please call:				2019 SEP	ا، داست
	Glen Steir	nhoff	at	952	941-9391	;	L/O	e en
		Name of Co	ontact Person	Area Code	Daytime Telephone Numb	er	€u) Tg	₹ 7 •=-
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			
			following amount: to: FLORIDA DEPARTME	NT OF STA	TE			
	_		\$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & \$160.00 Fi ed Copy of Status &			

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:

(Name of Foreign	Limited Liability Company; must include "Limite	d Liability	y Company," "L	L.C.," or "LLC.")			-
Vheels Mftg. LLC							
f name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	orida The al	lternate name must	include "Limited Liability	Company," "L.L.	C," or "LL	.c.
Delaware			83-299591	8			
(Jurisdiction under the law of which foreign limited liability company is organized)			(FEI number, if applicable)				-
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration ine penalty l) liability)		_		
1475 Arthur Avenue			1475 Arthu				
(Street Address of	Principal Office)	6.				-	
Louisville, CO 80027			Louisville, (CO 80027	;	2019	
					• -	135	-
					• :	<u> 12</u>	_
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	accentable)		•	Pri	
<u></u>	so i i i i i i i i i i i i i i i i i i i	<u> </u>	.cccp.aorc,			نان تار	
Name:	Terese Caleri				• .1	ين ف	
Office Address:	2506 N Rocky Point Dr						
Office Address:	Tampa		 . Flori	33607			
	(City)		FIOT	(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.

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Daniel Taggart Steve Flagg Manager Manager Name: 1475 Arthur Avenue 6400 W 105th St **■**Member Address: _ Member Address: Louisville, CO 80027 Bloomington, MN 55438 Authorized Authorized Person Person Other Other Other ____ Other Name: Casey Adams Name: Jerry Pomije Manager Manager 6400 W 105th St 6400 W 105th St Member Member Address: Bloomington, MN 55438 Bloomington, MN 55438 Authorized Authorized Person Person Other Other Other_ Other Manager Name: Manager | Member Address: ☐ Member Address: ___ Authorized Authorized Person Person 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 Daniel Taggart

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "WHEELS MANUFACTURING, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2019.

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

Authentication: 203604408

Date: 09-16-19