M19000010772

(I	Requestor's Name)	
(/	Address)	
(/	Address)	
(1)	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	

Office Use Only



800335822738

10/30/19--01006--022 **130.00

2019 OCT 30 Milli 30

COVER LETTER

	ration Section on of Corporations	
SUBJECT: _	Name of Limited Liability Company	
	Name of Limited Liability Company	
	application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," C theck are submitted to register the above referenced foreign limited liability company to transact busines	
Please return al	correspondence concerning this matter to the following:	•
•	Name of Person	
	Name of Person	
	Firm/Company	
	Firm/Company	
	Address Address	
	Address	
	GCOEF, FF 34761	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	•
	E-mail address: (to be used for future annual report notification)	0 1 UC
For further info	mation concerning this matter, please call:	OPT :
	MECHIN TIYLOT at (362) 377-384+	
	Name of Contact Person\ Area Code Daytime Telephone Number	
Divisio Registi P.O. B	E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: MEGRINATIVE at 362 377 3844 Name of Contact Person Area Code Daytime Telephone Number ING ADDRESS: on of Corporations ation Section ox 6327 ox 6327 ox 6327 ox 6327 ox 63214 E-mail address: (to be used for future annual report notification) STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	 ఆ
	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE	
	25.00 Filing Fee & \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee Certificate of Status Certified Copy of Status & Certificate Copy	

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

_	mited Liability Company; must include "Lin				_
	ne adopted for the purpose of transacting business in		name must include "Limited Liabili 34 - 25 7 1910 (FEI number,	/	.ī.c.") —
	(Date first transacted business in Florida, if pro (See sections 605.0904 & 605.0905, F.S. to det	r to registration.) ermine penalty liability)		
637 1° 4 ~~	1 15 () E	6	(Mailing Addres	7 12 1 V E	_/
-54. TE	H 101		36171 17	/0/	_
GCOFE,	Fr 34761		cceEE, d	FL 3472	<u>'</u>
Name and street address	of Florida registered agent: (P.O. B	Box <u>NOT</u> accep	table)	CT 30	
Name:	Maria Maga	<u>а</u>	/	· ::	
Office Address:	6233 LAYE BUY		'		
	WINDE JE		, Florida	<u>'</u>	
ignated in this applicati omply with the provisio	ance: istered agent and to accept service o on, I hereby accept the appointmen ns of all statutes relative to the prop of my position as registered agent.	t as registered i	agent and agree to act in	this capacity. I fur	rther ag

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: Title or Capacity: Name and Address: Name: Wain Lock GO Manager | Address: 6233 Late Burden Vicw Dr Member Member Address: _____ Windormere FL 34780 Authorized Authorized Person Person Other____ Other____ Other___ Other Manager Name: Manager Name: Member ☐ Member Address: ___ Address: Authorized ☐ Authorized Person Person Other Other Other Other Manager Name: _____ Manager Name: Member Address: ____ ☐ Member 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.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ENCORE PLANE PARTS, 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-THIRD DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ENCORE PLANE"

PARTS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JULY, A.D. 2019.

7019 OCT 30 AH 11:31



Authentication: 203854390

Date: 10-23-19

7540756 8300 SR# 20197686030