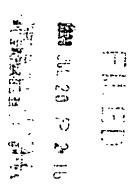
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July 8, 2020

YULIXSY HERNANDEZ 16737 FAIRBOLT WAY ODESSA, FL 33556

SUBJECT: EXTREME AUTO TRANSPORT LLC

Ref. Number: W20000070363

We have received your document for EXTREME AUTO TRANSPORT 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.

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) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 320A00013296

RECEIVED
JUL 2 0 2020

COVER LETTER

Name of Limited Liability Company the enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certific distence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida." Certific distence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida." Certific distence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida." Certific distence, and check are submitted Liability Company to transact business in Florida." Certific distence of Person Extreme Auto Transport LLC	Extreme Auto Transport LLC SUBJECT:				
Address Odessa, FL 33556 City/State and Zip Code yulihernandez@sbeglobal.net E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Yulixsy Hernandez Yulixsy Hernandez Street Address Odessa, FL 33556 City/State and Zip Code yulihernandez@sbeglobal.net E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Yulixsy Hernandez Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Enclosed is a check for the following amount:	OBJECT:				
Name of Person Extreme Auto Transport LLC Firm/Company 16737 Fairbolt Way Address Odessa, FL 33556 City/State and Zip Code yulihermandez@sbeglobal.net E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Yulixsy Hernandez Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:					
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Extreme Auto Transport LLC Firm/Company 16737 Fairbolt Way Address Odessa, FL 33556 City/State and Zip Code yulihernandez@sbeglobal.net F-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Yulixsy Hernandez Name of Contact Person Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	Yulixsy Hernandez				
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Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Enclosed is a check for the following amount:	Yulixsy Hemandez				
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Tallahassee, FL 32303 Enclosed is a check for the following amount:					
	rananassee, FL 32314				
Please make check payable to: FLORIDA DEPARTMENT OF STATE					

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

State of Missouri (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 16737 Fairbolt way, Odessa, FL 33556 rect Address of Principal Office) Name: Yulixsy Hernandez Yulixsy Hernandez 16737 Fairbolt Way Office Address: Office Address: Odessa O	(Date first transacted business in Florida, if prior to registration.) (See sections 603,0904 & 605 0905, F.S. to determine penalty liability) 16737 Fairbolt way, Odessa, FL 33556 rect Address of Principal Office) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Yulixsy Hernandez Office Address: Odessa Odessa GEI number, if applicable) (PEI number, if applicable) (PEI number, if applicable)	orizon Transportation L	name adopted for the purpose of transacting business in Florid	da. The alternate name	e must inch	sie "Limit	ed Liability	Company,	," "L.L.C," or "L.
Odessa O	Object that transacted business in Florida, if prior to registration.) Object first transacted business in Florida, if prior to registration.) Object first transacted business in Florida, if prior to registration.) Object exections 603,0904 & 605,0905, F.S. to determine penalty hability) 16737 Fairbolt Way, Odessa, FL 33556 16737 Fairbolt Way, Odessa, FL 33556 (Mailing Address) Object Address of Principal Office) Object Address of Florida registered agent: (P.O. Box NOT acceptable) Name:	State of Missouri			859				
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty hability) 16737 Fairbolt Way, Odessa, FL 33556 Reet Address of Principal Office) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Odessa Odessa 33556 Odessa 33556 Florida 33556 Florida	(Date first transacted business in Florida, if prior to registration.) (See sections 603,0904 & 603,0903, F.S. to determine penalty liability) 16737 Fairbolt Way, Odessa, FL 33556 rect Address of Principal Office) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 16737 Fairbolt Way 16737 Fairbolt Way	(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3		(FEI	number, if a	applicable)	- · · ·
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Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Odessa 33556 Florida 33556	Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Odessa Odessa (City) Florida (Zip code) Grade G								
Name: Hernandez Office Address: Odessa State of the property of the proper	Name: Office Address: Odessa Odessa (City) Odessa (City) Odessa (City) Odessa (City) Odessa Odessa	eet Address of Principal Office)		O(Maili	ing Address	;)			
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Office Address: Odessa State of the state	Office Address: Odessa Odessa (City) Odessa (City) Gistered agent's acceptance:	Name and street address		NOT acceptable	e)		A Sign		
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(City) (Zip code) (Zip code) (كنام المنابعة الم	gistered agent's acceptance:	Name:	Yulixsy Hernandez	NOT acceptable	e)		A D S A STATE OF THE	٠. <u>.</u> چ	
	••	Name:	Yulixsy Hernandez 16737 Fairbolt Way		3	3556	· · · · · · · · · · · · · · · · · · ·	#L 20 F	
gistered agent's acceptance:	···	Name:	Yulixsy Hernandez 16737 Fairbolt Way Odessa		3		A control of the cont	#L 20 F	
	esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fur to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family and accept the obligations of my position as registered ogests.	Name: Office Address: egistered agent's accep	Yulixsy Hernandez 16737 Fairbolt Way Odessa (City) tance: gistered agent and to accept service of pro-	cess for the ab	3 Torida _ oove stat	(Zip cod	ited liabi	The 20 12 20 15 20 15 Com	opany at the

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Yulixsy Hernandez	□Manager	Name: Josvie Hernandez
□Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
Owner	Other	Owner Owner	Other
□Manager	Name: Denny Dominguez	□Manager	Name:
■ Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□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. 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

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Extreme Auto Transport LLC LC1318077

was created under the laws of this State on 6/1/2013, and is Active, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, the 14th day of July, 2020.

Secretary of State

Certification Number: CERT-IN7874

