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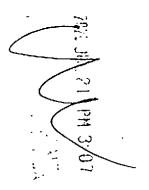
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ect.	ACTION EQUIPMENT HOLDINGS, LLC.	
3013	BC1.	Name of Limited Liability Company	
		imited Liability Company for Authorization to Transact Business in Florida," Certificate og gister the above referenced foreign limited liability company to transact business in Florida	
Please	return all correspondence concern	ing this matter to the following:	
		BRUNO E. RAMOS	
		Name of Person	
		ACTION EQUIPMENT HOLDINGS, LLC.	
	Firm/Company 3075 NW SOUTH RIVER DRIVE		
	Address		
		MIAMI, FLORIDA, 33142	
	<u> </u>	City/State and Zip Code	
		doga.meric@beai.com	
	E-ma	il address: (to be used for future annual report notification)	
For fu	rther information concerning this n	natter, please call:	
	Bruno E. Ra	mos 786 693 - 8210	
	Name of Conta		
	Mailing Address:	Street Address:	
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
		owing amount: FLORIDA DEPARTMENT OF STATE 130.00 Filing Fee & Status Certified Copy of Status & Certified Copy	

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: ACTION EQUIPMENT HOLDINGS, LLC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") ill name unavailable, enter alternate name adopted for the purpose of transacting business in Florida The alternate name must include "Limited Liability Company, DELAWARE 83-4204127 (Jurisdiction under the law of which foreign limited liability company is organized) 3075 NW SOUTH RIVER DRIVE 3075 NW SOUTH RIVER DRIVE (Street Address of Principal Office) MIAMI, FLORIDA, 33142 MIAMI, FLORIDA, 33142 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CORPORATE CREATIONS NETWORK INC. Name: 801 US HIGHWAY I Office Address: NORTH PALM BEACH (City)

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 & registered agent.

Tim Pratts. Special Secretary

(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: Name: BRUNO E. RAMOS □Manager Name: ■Manager 3075 NW SOUTH RIVER □Member □Member Address: _____ DRIVE, MIAMI, FLORIDA 33142 ☐ Authorized □ Authorized Person Person Other □Other □Other □Other Name: _____ □Manager □Manager Name: □ Member Address: 5 ☐ Member Address: ____ □ Authorized □ Authorized Person Person Other____ Other_ □Other___ □Other___ Name: _____ Name: □Manager □ Manager □Member □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

BRUNO E. RAMOS

Typed or printed name of signee

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACTION EQUIPMENT HOLDINGS, 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-FIFTH DAY OF AUGUST, A.D. 2020.







Date: 08-25-20

7350455 8300 You may verify this certificate online at corp.delaware.gov/authver.shtml