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2021 MAY 26 PM 1:03  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUN 15 2021

M. SOLOWSON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALL AMERICAN GARAGE 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:

STEVE SYRACLE  
Name of Person

ALL AMERICAN GARAGE LLC  
Firm/Company

11358 N. GOVERNMENT WAY  
Address

HAYDEN, ID 83835  
City/State and Zip Code

+keith@tristateid.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
MAY 26 2021

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For further information concerning this matter, please call:

TERI KEITH at ( 208 ) 665-9502  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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. ALL AMERICAN GARAGE 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. STATE OF IDAHO  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-3395281  
(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. 11358 N. GOVERNMENT WAY  
(Street Address of Principal Office)

6. same  
(Mailing Address)

HAYDEN, ID 83835

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: GEORGE MILES

Office Address: 4575 ACORN WAY

EDGEWATER, Florida 32141  
(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.

  
(Registered agent's signature)

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CLERK OF DISTRICT COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

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]:

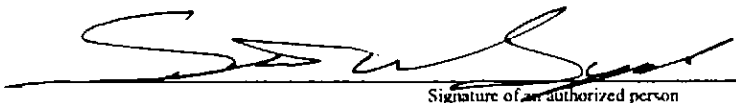
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>STEVEN SYRCLE</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>11358 N. GOVERNMENT WAY</u>	<input type="checkbox"/> Authorized	_____
Person	<u>HAYDEN, ID 83835</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>GEORGE MILES</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>4575 ACORN WAY</u>	<input type="checkbox"/> Authorized	_____
Person	<u>EDGEWATER, FL 32141</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>TERI KEITH</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>11358 N. GOVERNMENT WAY</u>	<input type="checkbox"/> Authorized	_____
Person	<u>HAYDEN, ID 83835</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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TALLAHASSEE, FLORIDA

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

STEVEN W. SYRCLE  
\_\_\_\_\_  
Typed or printed name of signer



# STATE OF IDAHO

Lawrence Denney | Secretary of State

**Business Office**

450 North 4th Street

PO Box 83720

Boise, ID 83720

May 19, 2021

**Request Type: Certificate of Existence/Filing**

Request #: 0004286516

Receipt #: 000492893

Issuance Date: 05/19/2021

Copies Requested: 0

**Regarding: All American Garage LLC**

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 10/09/2020

Status: Active-Existing

Duration Term: Perpetual

File #: 4029401

Formation Locale: IDAHO

Inactive Date:

## Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### All American Garage LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature in black ink, appearing to read "Lawrence Denney".

Lawrence Denney

**Idaho Secretary of State**

Processed By: Business Division

**Verification #: 012695219**