M21000014491

(Requestor's Name)
(Address)
r
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 210061412846 WHU0012099 06359 00676 00643
W20000112541 emailed 170\$ W200 cert 10126/21

Office Use Only



100351738701

10/29/21--01012--008 ++138.75

10/19/20--01004--001 **375.00

10/22/21--01014--010 **125.00

2021 OCT 26 PH 6: 53

S. FRANKLIN NOV 0 1 2021

COVERLETTER

Division of Corporations			ż
	ead Pro Tech LLC		•
		ne of Limited Liability Company	•
enclosed "A stence, and o	Application by Foreign Limited Liability check are submitted to register the above	Company for Authorization to Transact Business in Florida, referenced foreign limited liability company to transact busi	" Certifica
	l correspondence concerning this matter		
	Gabriele Pedone		
		Name of Person	
		Firm/Company	
	241 NE 61st Street		
		Address	
	Miami, FL 33137		(~)
	(City/State and Zip Code	92 1
	annando.arrocha@racingforce.com	,	2021 OCT
•	E-mail address: (to be	e used for future annual report notification)	26
further infor	mation concerning this matter, please ca	II:	PH
Armando Arrocha		305 373-0051 x 101	6: 5
	Name of Contact Person	Area Code Daytime Telephone Number	ယ
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee	
		2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303	
Enclosed Please n	d is a check for the following amount: nake check payable to: FLORIDA DEP	ADTMENT ALL OF ATTE	
■ \$125	.00 Filing Fee S130.00 Filing Fee Certificate o	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, (

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in F	orida. The alternate name must include "Limited Liability C	Company," "L.L.C," or "	
Delaware		46-2631294 3		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3		
10/01/2020			2521 OCT	
(Date first transacted business in Florida, if prior to p (See sections 605 0904 & 605 0905, F.S. to determin		registration.)	act	
241 212 41 - 6	total rectains only a source only a source of the source o		26	
241 NE 61st Street		6. (Mailing Address)	_	
et Address of Principal Office)		(Mailing Address)	<u> </u>	
Miami, FL 33137		Miami, FL 33137	. <u>o</u>	
		-	<u>.</u> ند	
Name and <u>street addre</u> :	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	<u>.</u>	
-	Gabriele Pedone			
Name and <u>street addres</u> Name:	_			
Name:	Gabriele Pedone			
 -	Gabriele Pedone			

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:	
≅ Manager	Name:	□Manager	Name: Kyle Kietzmann	
■ Member	Address: 241 NE 61st Street	■ Member	Address: 241 NE 61st Street	
□Authorized	Miami, Florida 33137	□Authorized	Miami, Florida 33137	
Person	——————————————————————————————————————	Person		
Other	Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
■Member	Address: 241 NE 61st Street	□Member	Address:	
□Authorized	Miami, Florida 33137	□Authorized	Address:	
Person		Person	28	
Other	Other	Other	Other —	
∐Manager	Name:	□Manager	රා ය හ Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other		□Other	□Other	

- 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.



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

DELAWARE, DO HEREBY CERTIFY THAT "HEAD PRO TECH, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR

REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY

AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIFTH DAY OF APRIL,

A.D. 2013, AT 10:10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY

COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING

MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

21 OCT 26 PM 6: 5:

Authentication: 204498863

Date: 10-25-21

5324567 8315 SR# 20213600867