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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 💬 🤊

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Foreign Limited Liability Company

First Choice Limo Management Service LLC

Certificate of Status	0
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Page Count	04
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S. FRANKLIN JAN 1 9 2022

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Help

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: First Choice Limo Management Service LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "E.L.C." or "LLC.") **New Mexico** VEVV IVIEXICU
(Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, it prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 6. 7901 4th St N STE 300 8 5. 7901 4th St N STE 300 (Street Address of Principal Office) St. Petersburg, FL 33702 St. Petersburg, FL 33702 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: St. Petersburg 33702 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.



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: Name and Address: Title or Capacity: Name: Antonio Roker Name: Manager Manager 7901 4th St N STE 300 Member | Address: _____ **Member** St. Petersburg, FL 33702 Authorized Authorized Person Person Other____ Other Other Other Manager Manager Name: Manager Address: Member Address: Member Authorized Authorized Person Person Other_____ Other_ Other__ Manager Name: Manager Address: Member Address: _ Member 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. Morgan Noble

Typed or printed name of signee



Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

First Choice Limo Management Service LLC 6508715

the above named entity, a Company organized under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Limited Liability Company, under the

Limited Liability Company Act

53-19-1 to 53-19-74 NMSA 1978

having filed its Articles of Organization on June 21, 2021, and Certificate of Organization issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: December 13, 2021

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

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Maggie Toulouse Oliver
Secretary of State

Certificate Validation #: 0058826