

M22000007777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

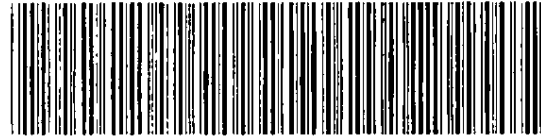
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED

2022 MAY 11 PM 3:13

CLERK OF COURT
JUDICIAL BRANCH
CLERK OF COURT

APPROVED
AND
FILED

2022 MAY 11 AM 8:18

CLERK OF COURT
JUDICIAL BRANCH
CLERK OF COURT

S. ROBERTS

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 5/18/22

****WALK IN****

ENTITY NAME Monster Transmission LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

XXXXXX

Certified Copy of Articles & Amendments
Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$160

ACCOUNT #: I20160000072

E R JAO

Please call Tina at the above number for any issues or concerns. Thank you so much!

•

Monster Transmission LLC

Figure 1 is a line graph showing the percentage of total sample for each age group (0-14, 15-24, 25-34, 35-44, 45-54, 55-64, 65-74, 75+) across different years (1990, 1995, 2000, 2005, 2010, 2015, 2020, 2025, 2030, 2035, 2040, 2045, 2050, 2055, 2060, 2065, 2070, 2075, 2080, 2085, 2090, 2095, 2100). The graph shows a general trend of decreasing percentages for younger age groups and increasing percentages for older age groups over time.

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:

Dr. P. K. Mishra

Figure 10

Address _____

City/State and Zip Code _____

dyonchak@bakerdonelson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Drew Yonchak

901

577-2330

at () _____

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. Monster Transmission LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Monster Transmission and Performance 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. Delaware 3. 38-3664572
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 2, 2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 17109 Old Ayers Rd 6. 17109 Old Ayers Rd
(Street Address of Principal Office) (Mailing Address)

Brooksville FL 34604 Brooksville FL 34604

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

Name: NRAI Services, Inc

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Patricia A Boveri
(Registered agent's signature)
Patricia A. Boveri, Assistant Secretary

APPROVED
AND
FILED

2022 MAY 11 AM 8:18

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 type="checkbox"/> Manager | Name: | Achilles Thomas | _____ | <input type="checkbox"/> Manager | Name: | _____ | _____ |
| <input type="checkbox"/> Member | Address: | 17109 Old Ayers Rd | _____ | <input type="checkbox"/> Member | Address: | _____ | _____ |
| <input checked="" type="checkbox"/> Authorized | | Brooksville FL 34604 | _____ | <input type="checkbox"/> Authorized | | _____ | _____ |
| Person | | _____ | _____ | Person | | _____ | _____ |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ |
| | | | | | | | |
| <input type="checkbox"/> Manager | Name: | _____ | _____ | <input type="checkbox"/> Manager | Name: | _____ | _____ |
| <input type="checkbox"/> Member | Address: | _____ | _____ | <input type="checkbox"/> Member | Address: | _____ | _____ |
| <input type="checkbox"/> Authorized | | _____ | _____ | <input type="checkbox"/> Authorized | | _____ | _____ |
| Person | | _____ | _____ | Person | | _____ | _____ |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ |
| | | | | | | | |
| <input type="checkbox"/> Manager | Name: | _____ | _____ | <input type="checkbox"/> Manager | Name: | _____ | _____ |
| <input type="checkbox"/> Member | Address: | _____ | _____ | <input type="checkbox"/> Member | Address: | _____ | _____ |
| <input type="checkbox"/> Authorized | | _____ | _____ | <input type="checkbox"/> Authorized | | _____ | _____ |
| Person | | _____ | _____ | Person | | _____ | _____ |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ | <input type="checkbox"/> Other | _____ | <input type="checkbox"/> 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.

DocuSigned by:
Achilles Thomas
E3459F42075241B
Signature of an authorized person

Achilles Thomas, President

Typed or printed name of signee

Delaware

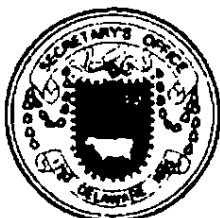
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MONSTER TRANSMISSION 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 TENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MONSTER TRANSMISSION LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2022.

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



6768426 8300

SR# 20221903514

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203395317

Date: 05-10-22