11/16/22, 11:28 AM

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000391235 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600

: (323)389-0502 Fax Number

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

Email Address:___

Foreign Limited Liability Company MY RIDEMAKER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

HOV 1 7 2022 K. Brumbley

COVER LETTER

то:		istration Section sion of Corporations			- 1	,
SUBJE	CT∙	MY RIDEMAKER, L	A.C			
SOBJE	CI.		Name of Limit	ed Liability C	Company	
The enc Existence	losed ce. an	"Application by Foreig d check are submitted (gn Limited Liability Company to register the above referenced	for Authoriza I foreign limit	tion to Transact Business in Florida," C ed liability company to transact busines	lertificate of ss in Florida.
Please r	eturn	all correspondence cor	neerning this matter to the follo	wing:		
		Cheyenne Mosele	ey			
			Name	of Person		
		Legalzoom.com,	Inc.			
			Firm/C	ompany		
		101 N Brand Blv	d 11th Fl			
			Ac	dress		
		Glendale, CA 917	203			
			City/State	and Zip Code		
		jchen@mywireless	sgroup.com			
			E-mail address: (to be used for	future annual	report notification)	
For furt	ther in	nformation concerning	this matter, please call:			
	Ch	eyenne Moseley	at	800	773-0888	
	_	Name of	Contact Person	Area Code	Daytime Telephone Number	
	Div Reg P.O	ision of Corporations distration Section Box 6327 lahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Plea	losed is a check for the use make check payable \$125.00 Filing Fee	e following amount: e to: FLORIDA DEPARTME \$130.00 Filing Fee & Certificate of Status	\$155.00	TE Filing Fee & S160.00 Filing Feed Copy of Status & Certi	

Page: 4 of 6

From: Sylvia Paull

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

MY RIDEMAKER, LLC (Name of Foreign L	inited Liability Company, must include "Limite	d Liability Company, "L.	L.C., Tor "LLC.")	
	ne adopted for the purpose of trunsacting business in Flo	only. The alternate name must	include "Limited Liability Com	party;" "E.L.C." or "LLC
tame maximiable, enter alternate nat	ne islopted for the purpose of transacting outsiness in Fio			
California		82-2738585 3		
Chrisdiction under the law of win	ch foreign limited hability company is organized)	 -	(I-E) mamber, il арр	heable)
	(Date first transacted business in Florida, if prior to	registration)		
	(See sections 505 0904 & 605 0905, F.S. to determ	nne penalty Bability)		
		6	(Mailing Address)	
(Street Address of P	incipal Offices		(Mailing Address)	
1600 N. Broadway, Sui	te 1010	1600 N. Bro	adway, Suite 1010	
Santa Ana, CA 92706		Santa Ana,	CA 92706	2
				022
Name and street address	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)		DZZ NOV
Transcentist and according to				~ -
	UNITED STATES CORPORATION	AGENTS, INC.		<u> </u>
Name:				
	5575 S. Semoran Blvd., Suite 36			4 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Office Address:				÷: 05
	Orlando	, Flo	32822	
	(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.

CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

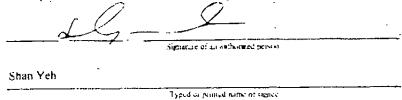
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

2022-11-16 09:29:10 PST

manage (up to an to		Tiele on Commeiters	Name and Adduses
Title or Cupacity:	Name and Address:	Title or Capacity:	-
Manager	Name: Shan Yeh	Manager Manager	Name: Hsiao Lin Chen
■ Member	Address:	Member	Address:
. Authorized	1600 N. Broadway, Suite 1010	Authorized	1600 N. Broadway, Suite 1010
Person	Santa Ana, CA 92706	Person -	Santa Ana, CA 92706
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized .	
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person -		Person	
Other	Other	Other	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 filling 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.



To: Page: 6 of 6 2022-11-16 09:29:10 PST LegalZoom.com, Inc. From: Sylvia Pauli



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: MY RIDEMAKER, LLC

Entity No.: 201724810154 Registration Date: 08/29/2017

Entity Type: Limited Liability Company - CA

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 16, 2022.

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 060265923

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.