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(Requestor	s Name)
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	WAIT 🗌 MAIL
(Business I	ntity Name)
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Certified Copies C	ertificates of Status
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Offic	e Use Only





T 1 202 DLC 2 3 2022 ur', Wa

TO: Registration Section Division of Corporations

SUBJECT: _____

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Name of Limited Liability Company

COVER LETTER

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:

RICH	ARD C DURGIN JR							
		Name	of Person					
CARS	CARSIRI							
	Firm/Company							
902 N	N SEMORAN BLVD							
ORLA	NDO FL 32807							
		City/State a	nd Zip Code					
RICH@	CARSIRIAUTO.COM							
	E-mail address: (to be used for	future annual rej	port notifi	ication)			
For further information e	oncerning this matter, pleas	e call:						
RICH DURGI	1			9038350				
	Name of Contact Person	at (Area Code	Daytin	ne Telephone Number			
<u>Mailing Addre</u> Registration S			et Address: sistration Sect	ion				
Division of C	orporations	Div	ision of Corp	orations				
P.O. Box 632			The Centre of Tallahassee					
Tallahassee,	FL 32314		5 N. Monroe lahassee, FL 1		Suite 810			
Please make che	eck for the following amount the payable to: FLORIDA	nt: DEPARTMEI	NT OF STATE					
🗆 \$125.00 Fili	ug Fee 👘 🗆 \$130.00 Filin	g Fce & 🔳 ate of Status	\$155.00 Filing Certified (Fee &	□ \$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:

(Name of Foreig	h Limited Liability Company; must include "Limite	Liability Com	pany,""LL.C.," or "LLC."	<u>, </u>		-
(If name unavailable, enter akornau	name adopted for the purpose of transacting business in Pl	oride. The sticula	a name must include "Limited	Liability Company,"	"L.L.C." or '	- 11C.7)
NJ 2.		88-3	139-4389			
(Jurisdiction under the law of	which innerge fersited liability company is organized)	3	(FEI sur	mber, (l'applacable)		-
4						
··	(Dur first transacted business in Florida, if prior to (Net vertices 603.0701 & 603.0905, F.S. to determine	registration.) ne penalty liability	<u></u> n			
183 MALI DR 5.			N SEMORAN BLVD			
(Street Address of Principal Office		6	(Mailing Address)		<u>-</u>	-
NORTH PLAINFIEL	D NJ 07062	ORL	ADNO FL 32807			
				1	2022	-
						_
7. Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	<u>NOT</u> accep	able)		EC 29	 f
Name:	RICHARD C DURGIN JR				PĦ	Ĉ
Office Address:	902 N SEMORAN BLVD		-		5: 27	
	ORLANDO		- 32807 . Florida			
	(City)	·	(Zip code)	· · · · · · · · · · · · · · · · · · ·		

Registered agent's acceptance:

Having been named as negistered 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.

 \sim /(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:	<u>Name and Address:</u>
Manager	Name	HOORE Z ONNA	Manager	Name:
Member	Addro	902 N SEMORAN BLVD	Member	Address: 902 N SEMORAN BLVD
□Authorized		ANDO FL 32807	CAuthorized	ORLANDO FL 32807
Person			Person	
Other		DOther	□Other	[] Other
Manager	Name	:	Manager	Name:
Member	Addre	ss:	Member	Address:
Authorized		<u> </u>	Authorized	
Person			Person	
Other			[]Other	Other
Manager	Name	:	Manager	Nапс:
Member	Addre	ss:	Member	Address:
Authorized	_		Authorized	
Person			Person	
Other		DOther	Other	LiOther

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.

	7	Signature of an authorized person
RICHARD DURGIN		

Typed or printed name of signee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

UNIFI AUTO LLC 0450788732

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 24, 2022.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

RICHARD DURGIN 45 HEARTHSTONE DRIVE WEST MILFORD, NJ 07480



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of November, 2022

due on them

Elizabeth Maher Muoio State Treasurer

Certificate Mimber : 6137678086

Yerify this certificate online at

https://www.istate.nj.us/TYTR_StundingCert/JSP/Verify_Cert.jsp

NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

UNIFI AUTO LLC 0450788732

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 03/24/2022 and was assigned identification number 0450788732. Following are the articles that constitute its original certificate.

1. Name: UNIFI AUTO LLC

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- 2. Registered Agent: RICHARD DURGIN
- 3. Registered Office: 45 HEARTHSTONE DRIVE WEST MILFORD, NEW JERSEY 07480
- 4. Business Purpose: PROVIDE AUTOMOTIVE MARKETING AND MANAGEMENT CONSULTING
- 5. Effective Date of this Filing is: 03/24/2022
- 6. Members/Managers: RICHARD DURGIN
 45 HEARTHSTONE DRIVE WEST MILFORD, NEW JERSEY 07480-0748

SELIM TALA 183 MALI DRIVE NORTH PLAINFIELD, NEW JERSEY 07062-0706

SAYFUR RAHMAN 9101 KILGORE RD ORLANDO, FLORIDA 32836

ANDREY KOSTENKO 2 CHIMNEY CT SOUTH AMBOY, NEW JERSEY 08879

7. Main Business Address: 183 MALI DR NORTH PLAINFIELD, NEW JERSEY 07062-0706

> Signatures: RICHARD DURGIN AUTHORIZED REPRESENTATIVE SAYFUR RAHMAN AUTHORIZED REPRESENTATIVE

NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

UNIFI AUTO LLC 0450788732



Corrificate Number : 4147815488 Verify this corrificate cullus as https://www.i.state.aj.us/TYTE_StandingCorrifSP?Verifs; Corrifup IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal 24th day of March, 2022

Shar Men

Elizabeth Maher Muoio State Treasurer