

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Overdrive Motor Group, LLC
Name of Limited Liability Company

enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of
tence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

se return all correspondence concerning this matter to the following:

Alex Fortunato
Name of Person

Firm/Company

854 Broken Sound Pkwy NW #305
Address

Boca Raton, FL, 33487
City/State and Zip Code

Afortunato@overdrivemotor.com
E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

Alex Fortunato at (646) 228-3247
Name of Contact Person Area Code Daytime Telephone Number

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 & ☐ \$155.00 Filing Fee & ☒ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy of Status & Certified Copy

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

OMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
IPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

overdrive Motor Group, LLC

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

ne 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.")

NEW YORK

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 7125367

(FEI number, if applicable)

N/A

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

854 Broken Sound, Pkwy, NW

(Address of Principal Office)

#305

Boca Raton, FL, 33487

6. 854 Broken Sound, Pkwy, NW

(Mailing Address)

#305

Boca Raton, FL, 33487

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

Name:

Alex Fortunato

Office Address:

854 Broken Sound Pkwy NW #305

Boca Raton

(City)

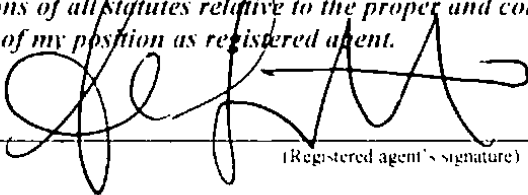
, Florida

33487

(Zip code)

gistered agent's acceptance:

ving been named as registered agent and to accept service of process for the above stated limited liability company at the place
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with
I accept the obligations of my position as registered agent.



(Registered agent's signature)

For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to sign [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>
Manager	Name: <u>Alex Fortunato</u>	<input type="checkbox"/> Manager	Name: _____
Member	Address: <u>854 Broken Sand Pkwy</u>	<input type="checkbox"/> Member	Address: _____
Authorized	<u>NW, #305</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Boca Raton, FL, 33487</u>	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

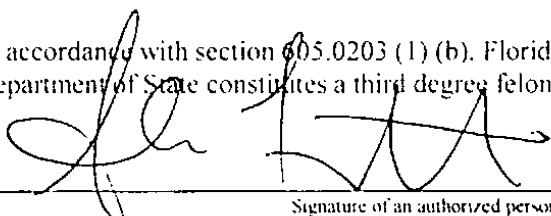
Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
Member	Address: _____	<input type="checkbox"/> Member	Address: _____
Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
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-resident individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 a translator must be submitted)

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.



Signature of an authorized person

Alex Fortunato

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in this office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Name: OVERDRIVE MOTOR GROUP, LLC
ID Number: 5254269
Type: DOMESTIC LIMITED LIABILITY COMPANY
Status: EXISTING
Date of Initial Filing with DOS: 12/21/2017
Current Status: CURRENT
Expiration Date: 12/31/2023

Information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,
at the City of Albany, on December 27, 2022 at 10:45 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



By Brendan C. Hughes
Executive Deputy Secretary of State

