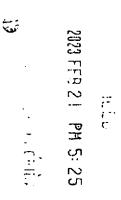
M230000023333

(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
(OKFOULOZEPH HORE #)
C BICKUP C WAIT
PICK-UP WAIT MAIL
(Business Entity Name)
(Dubiness Ellas) Hamey
(Document Number)
Certified Copies Certificates of Status
Octanica copies
Special Instructions to Filing Officer:
İ
<u> </u>
Office Use Only
\mathcal{A}



100398938791

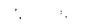
12/14/22--01007--024 **125.00



LEB 5 5 5053

COVER LETTER

TO:	Registration Section Division of Corporations	`
SUBJE	Big City Motors LLC	
OODJE		me of Limited Liability Company
		y Company for Authorization to Transact Business in Florida," Certificate of re referenced foreign limited liability company to transact business in Florida.
Please i	return all correspondence concerning this matter	r to the following:
	Schneider Pierre	
		Name of Person
		Firm/Company
	262 Hogan Drive	
		Address
	Richmond Hill, GA 31324	
		City/State and Zip Code
	bigcitymotors76@gmail.com	
	E-mail address: (to	be used for future annual report notification)
For furt	ther information concerning this matter, please of	call:
	Schneider Pierre	912 572-7706 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$\frac{1}{2}\$\$ \$125,00 Filing Fee \$\frac{1}{2}\$\$ \$130,00 Filing Fee Certificate	EPARTMENT OF STATE





December 29, 2022

SCHNEIDER PIERRE 262 HOGAN DR RICHMOND HILL, GA 31324

SUBJECT: BIG CITY MOTORS LLC

Ref. Number: W22000158323

We have received your document for BIG CITY MOTORS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please have a authorized person sign the last page of the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 822A00029080

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:

	time adopted for the purpose of transacting business in Ploti	la. The alternate name must include "Limited Liability Company,"	"L.L C," or "L
New York		6035041 3.	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, if applicable)	
	(Date tirst transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	istration.)	
99 HUDSON, FIFTH		99 HUDSON, FIFTH FLOOR	
treet Address of Principal Office)		6. (Mailing Address)	
MANHATTAN		MANHATTAN	
New York, 10013		New York, 10013	
Name and street address	ss of Florida registered agent: (P.O. Box. 8	SOT acceptable)	
Name and street address Name:	ss of Florida registered agent: (P.O. Box 1	SOT acceptable)	~3
		SOT acceptable)	2023 FE
Name:	SCHNEIDER PIERRE 12555 Biscayne Blvd #1018 Miami	33181	2023 FEB 21
Name:	SCHNEIDER PIERRE 12555 Biscayne Blvd #1018		2023 FEB 2.1 PM

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: Name and Address: Name: SCHNEIDER PIERRE □ Manager □ Manager Name: ______ Address: _ Member □Member Address: Richmond Hill. □ Authorized □ Authorized GA, 31324 Person Person □Othei___ Other____ □Other □Other___ □Manager Name: □Manager Name: _____ □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other__ □Other__ □Other_____ □Other_____ Name: □Manager □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. 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.

Typed or printed name of signee

SCHNEIDER PIERRE

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 my 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:

Entity Name:

BIG CITY MOTORS LLC

DOS ID Number:

6035041

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

06/11/2021

Existence Date:

06/12/2021

Statement Status:

CURRENT

Statement Due Date:

06/30/2023

No 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 January 24, 2023 at 02:45 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughen

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100002855629 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov