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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

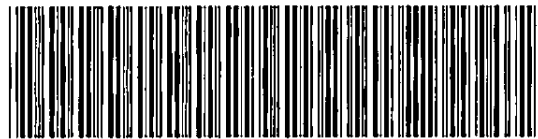
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000642565

Office Use Only



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03/09/23--01025--010 **130.00

2023 MAY -8 PM 4:49

RECEIVED
FILED

MAY 17 2023
K. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 22, 2023

RYAN GRAZI, ESQ. **2ND MAIL**
217 SE OCEAN BLVD.
STUART, FL 34994

SUBJECT: SHIFT KING LLC
Ref. Number: W23000042565

RECEIVED
2023 MAY -8 PM 12:44
CORPORATIONS
COMMERCIAL
SERVICES

We have received your document for SHIFT KING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 923A00007260

GRAZI & GIANINO, LLP

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Including Professional Associations
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Maxine A. Noel
Of Counsel
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1. Certified by the Florida Supreme Court in Family Mediation.
2. Certified by the Florida Supreme Court in Arbitration.
3. Certified by the Florida Supreme Court in Civil Mediation.
4. Licensed in Florida, California and Washington, DC.

May 2, 2023

Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

VIA FEDERAL EXPRESS

RE: Stick Shift King LLC
Application For Foreign LLC To Transact Business in Florida
Our File No.: GG-53-22

Dear Sir/Madam:

Enclosed are copies of our initial correspondence and Application by Foreign Limited Liability Company for Authorization To Transact Business in Florida and a copy of the letter from the State of Florida dated April 22, 2023 with regard to the filing.

It appears that the initial filing includes incorrect information and omitted a copy of the Certificate of Subsistence from the State of Pennsylvania, which was subsequently sent by email to the State of Florida.

The January 28, 2021 date is for the State of Pennsylvania – not for the State of Florida.

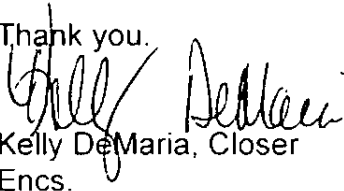
Attached is a corrected Application To Transaction Business, along with a copy of the Certificate of Subsistence from the State of Pennsylvania filed on January 28, 2021.

May 2, 2023
Page 2

Please proceed to process the application at this time and confirm once completed. The filing fee of \$130.00 was previously included with the initial application, but not returned to us by the State even though the application was not processed.

If you need any additional information, please let us know.

Thank you.


Kelly DeMaria, Closer
Encs.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stick Shift King LLC
Name of Limited Liability Company

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:

Ryan Grazi, Esq.
Name of Person

Grazi & Gianino, LLP
Firm/Company

217 SE Ocean Boulevard
Address

Stuart, FL 34994
City/State and Zip Code

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

For further information concerning this matter, please call:

Kelly DeMaria at (772) 286-0200
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 & 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. Stick Shift King LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. State of Pennsylvania 3. 85-3961879
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3953 SW Bruner Terrace 6. 3953 SW Bruner Terrace
(Street Address of Principal Office) (Mailing Address)
Palm City, Florida Palm City, Florida
34990 34990

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

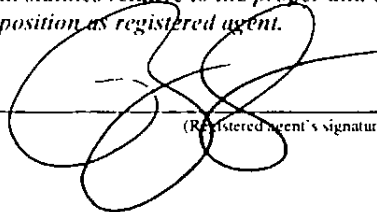
Name: Ryan S. Grazi, Esq.
Office Address: 217 SE Ocean Boulevard
Stuart 34994
(City) Florida (Zip code)

2023 MAY -8 PM 4:49

FILED

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.


(Registered agent's signature)

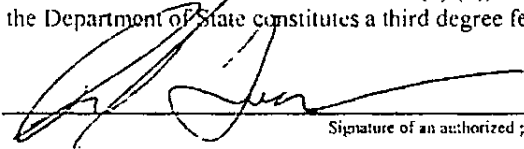
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Joel Grannas	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3953 SW Bruner Terrace	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Palm City, FL 34990	<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.



Signature of an authorized person

Joel Grannas

Typed or printed name of signer

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: STICK SHIFT KING LLC
Request Type: Subsistence Certificate **Issuance Date:** March 23, 2023
Request No.: 012091217 **File No.:** 0007208353
Receipt No.: 000433962
Filing Type: Domestic Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: January 28, 2021
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

STICK SHIFT KING LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov