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.

(((H23000410582 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:

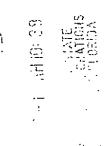
Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for full time annual report mailings. Enter only one email address please.\*

Email Address:\_\_\_

## Foreign Limited Liability Company US BY WHEELZ VMS LLC



Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

## 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	rida. The	alternate name must include "Limited Lie	bility Company	." "LL C."	or "LLC
Pennsylvania		3.	87-2584761			
(Jurisdiction under the law of v	hich foreign lumited hability company is organized)	٥.	(FEI mush)	r, il applicable)		_
	(Date first transacted business in Florida, if prior to r (See sections 605-0904-ce 605-0905, F.S. to determin	egistration te penalty	.l Bability)	<del>"</del>		
4561 NW 8TH AVE		6	4561 NW 8TH AVE			
et Address of Principal Office)			(Mailing Address)			
OAKLAND PARK, FLORIDA 33309		OAKLAND PARK, FLORIDA	33309(7	2023		
				RET	030	
<del></del>		,		- <del> </del>		u u u u
Name and street addre	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)	Sign	72	i estada
				いる	ဟု က	4411
Name:	Registered Agents Inc			r-Ei	57	
Office Address:	7901 4th St N STE 300					
			, Florida 33702			
	St. Petersburg		, Florida			

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]:

□Manager Name: SUTSKEVER, FELIX □Manager Name:   □XMember Address: 7901 4th St N □Member Address:   □Authorized STE 300 □Authorized   Person St. Petersburg, FL 33702 Person   □Other □Other □Other □Other	
Member Address: 7901 4th St N ☐ Member Address: ☐ Authorized  Person St. Petersburg, FL 33702 Person ☐ Person	
Person St. Petersburg, FL 33702 Person	
Person St. Petersburg, FL 33702 Person	
OtherOtherOtherOther	
□Manager Name: □Manager Name:	
□Member Address: □Member Address: □	
□Authorized □Authorized	
Person Person	
OtherOtherOtherOther	
⊔Manager Name: ⊔Manager Name:	
□Member Address: □ □Member Address: □	<del></del>
□Authorized □Authorized	
Person Person	<del></del>
□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 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.

	Rodina Jours	
	Signature of an authorized gerson	
Robin Jones		
	Exped or printed name of signer	

Fax: 8134365206

## **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: US BY WHEELZ VMS LLC

Request Type: Subsistence Certificate Issuance Date: November 30, 2023

**Request No.:** 026256527 File No.: 0007352404

**Receipt No.:** 000786942

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: August 25, 2021

Status: Active

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

US BY WHEELZ VMS 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

Secretary of the Commonwealth

Man Sahar

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