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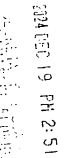
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	PICK UP:	JENA 12 19			
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XX	РНОТОСОРУ				
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1.	4 WHEELS LEASING LLC				
	(CORPORATE NAME AND DOCUMES	∖ 1 #)			
2.	(CORPORATE NAME AND DOCUMES	NT #)			
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SPECIA	LINSTRUCTIONS:				

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

	G LLC Limited Liability Co	ompany: must include "Lin	ited Liability	Company," "L.L.C.," or "Ll.C.")	
	, ,	,			
(it name unavailable, enter alternate n	ame adopted for the pu	rpose of transacting business in	Florida, The al	emate name must include "Limited Liab	ility Company," "L L.C." or "LLC.")
2. NEW YORK			3.		er, if applicable)
(Jurisdiction under the law of w	hich foreign limited liab	ollity company is organized)		(FEI numb	er, if applicable)
4	(Date first fransa	icted business in Florida, if prior 5,0904 & 605 0905, F.S. to dete	to registration		
_	(See sections 60)	5.0904 & 605 0905, F.S. to dete	rmune penalty		د-،
5. (Street Address of Principal Office)		6.	(Mailing Addr	m 51. 5	
360 Oser Ave			360 Oser Ave	FO 3	
Hauppauge NY 11788			Hauppauge NY 11788	Eli C	
7. Name and street address	ss of Florida regi	istered agent: (P.O. B	ox <u>NOT</u> a	cceptable)	3.
Name:	Phillip Tseng	3			2:
Office Address:	149 Albany [Orive			
	Kissimmee			, Florida 34759	
Registered agent's accep		(City)		(Zip code)
and accept the obligation	s of my position /S/ Phil Tsen	•			
		(Registered agen	it's signature)		
8. The name, title or capa <u>Title or Capacity:</u>	-	s of the person(s) who e and Address:		uthority to manage is/are: tle or Capacity:	Name and Address:
	<u>Nam</u>	•			Name and Address:
Title or Capacity:	Nam Philli	p Tseng			Name and Address:
Title or Capacity:	Nam Philli	e and Address: p Tseng			Name and Address:
Title or Capacity:	Nam Philli 360 Oser	p Tseng			Name and Address:
Title or Capacity: Managing Member	Nam Philli 360 Osor Hauppau Robe 360 Osor	e and Address: p Tseng r Ave ge NY 11788 ert Clark			Name and Address:
Title or Capacity: Managing Member Managing Member	Philli 360 Osor Hauppau Robe 360 Osor Hauppau	p Tseng rAve ge NY 11788 ert Clark			Name and Address:
Title or Capacity: Managing Member Managing Member (Use attachments if neces	Philli 360 Osor Hauppau Robe 360 Osor	p Tseng rAve ge NY 11788 ert Clark rAve ge NY 11788	<u>Ti</u>	tle or Capacity:	
Title or Capacity: Managing Member Managing Member (Use attachments if neces) 9. Attached is a certificate	Robe 360 Osor Hauppaue sary) of existence, no of which it is or	p Tseng FAve ge NY 11788 ert Clark FAve ge NY 11788 o more than 90 days old		tle or Capacity:	Name and Address: ving custody of records in the on of the certificate under oath
Title or Capacity: Managing Member Managing Member (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	Robe 360 Osor Hauppaue sary) of existence, no of which it is or	e and Address: p Tseng rAve ge NY 11788 ert Clark rAve ge NY 11788 o more than 90 days ole ganized. (If the certific	d. duly aut	tle or Capacity: henticated by the official ha foreign language, a translati	ving custody of records in the
Title or Capacity: Managing Member Managing Member (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law	Robe 360 Oser Hauppau Robe 360 Oser Hauppau sary) of existence, no of which it is or ubmitted)	e and Address: p Tseng rAve ge NY 11788 ert Clark rAve ge NY 11788 o more than 90 days ole ganized. (If the certific		tle or Capacity: henticated by the official ha foreign language, a translati	ving custody of records in the
Title or Capacity: Managing Member Managing Member (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s 10. This document is executed.	Robe Robe 360 Oser Hauppaue sary) of existence, no of which it is or ubmitted) /S/ Phillip Ts: uted in accordar	p Tseng r Ave ge NY 11788 ert Clark r Ave ge NY 11788 o more than 90 days ole ganized. (If the certific eng Signat nce with section 605.02	d, duly autocate is in a	tle or Capacity: henticated by the official ha foreign language, a translati	ving custody of records in the on of the certificate under oath

Typed or printed name of signee

STATE OF NEW YORK



DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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: 4 WHEELS LEASING LLC

DOS ID Number: 2939201

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING

Date of Initial Filing with DOS: 08/05/2003

Statement Status: CURRENT

Statement Due Date: 08/31/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION

Date of Filing: 08/05/2003

Entity Name: 4 WHEELS LEASING LLC

Document Type: AFFIDAVIT OF PUBLICATION

Date of Filing: 10/27/2003

Document Type: AFFIDAVIT OF PUBLICATION

Date of Filing: 10/27/2003

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 04/08/2011

 Effective Date:
 08/01/2009

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Document Type:

BIENNIAL STATEMENT

Date of Filing:

08/31/2011

Effective Date:

08/01/2011

Document Type:

BIENNIAL STATEMENT

Date of Filing:

09/06/2013

Effective Date:

08/01/2013

Document Type:

BIENNIAL STATEMENT

Date of Filing:

01/16/2018

Effective Date:

08/01/2017

Document Type:

BIENNIAL STATEMENT

Date of Filing:

08/01/2019

Document Type:

BIENNIAL STATEMENT

Date of Filing:

08/12/2021

Document Type:

BIENNIAL STATEMENT

Date of Filing:

02/21/2024

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Above space is left blank intentionally.

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 December 19, 2024 at 12:10 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Heyles

BRENDAN C. HUGHES Executive Deputy Secretary of State

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