CITY OF LAUDERHILL
CERTIFICATE OF USE

To engage in or manage the business occupation listed below
From October 1, 2007 through September 30, 2008
www.lauderhill-fl.gov

Name of Business **Business Number**

11783

WINGFOOT COMMERCIAL, TIRE SYS
901 NW 31 AVE
LAUDERHILL , FL 33311

Business Classes

1.00	MERCHANT - INV VAL $10,001 TO $100,000	0.00	400.00
1.00	BUSINESS DEVELOPMENT FEE	0.00	10.00
	ANNUAL FIRE COMMERCIAL	0.00	277.00
58000.00	PROCESSING FEE	0.00	50.00
1.00	MERCHANT - INVENTORY VALUE OVER $100,000	0.00	700.00
1.00	UNICORPORATED BROWARD BUSINESS	0.00	33.00
0.33			

All-America City

Business Address: 901 NW 31 AVE

This certificate of use must be conspicuously displayed to the public view inside (near cash register or entrance) at the business location, except for rental units which do not have an on-site business office.

11783 L

City of Lauderhill – Certificate of Use Application Form

3800 Inverrary Blvd., Suite 107, Lauderhill, Florida 33319 (954) 717-1514 or (954) 730-3066

Please list your reason for submitting an application:

APPROVED

☐ New Business

☐ Location Change

☐ Business Name Change

☐ Change of Ownership/Transfer

If you are transferring a business tax receipt, please list the previous owner or location:

_____

Please check the box below regarding your application type:

☒ Commercial Business

☐ Restricted Residential (Home-Based Business)*

☐ Rental Property**

*A renter who is operating a home-based business must obtain an approval letter from the property owner.

** All applicants for rental property must include a letter certifying that they are not claiming homestead exemption.

Business Name: WINGFOOT COMMERCIAL TIRE SYSTEMS, LLC

Phone: (954) 583-9499 Fax: (954) 583-8809

Business Address: 901 NW 31st AVE, FT LAUDERDALE, FL Zip: 33311

Mailing Address: PO BOX 48, FORT SMITH, AR Zip: 72902

***Mail returned from any mailing address will be re-delivered to the business address.**

Corporate Name: SAME

Address: 1000 S. 21st ST, FORT SMITH, AR Zip: 72901

Website: _____ EIN: 31-1735402

SS# —

Owner's Name: SEE ATTACHED Phone: (___) _____ Fax: (___) _____

Owner's Address: _____ Zip: _____

Email Address: _____

Ownership: ☐ Corporation ☒ Partnership LLC ☐ Sole Proprietor

Minority-Owned: ☐ Yes ☒ No Women-Owned: ☐ Yes ☒ No

WINGFOOT COMMERCIAL TIRE SYSTEMS, LLC
(Ohio Limited Liability Company)
OFFICERS & DIRECTORS

OFFICERS	TITLE	ADDRESS	PHONE:
D. Brent Copeland	President and Chief Operating Officer	1000 South 21st Street Fort Smith AR 72901	(479) 788-6484
Ron J. Carr	Vice President and Chief Financial Officer	1000 South 21st Street Fort Smith AR 72901	(479) 788-6202
Darren R. Wells	Vice President and Treasurer	1144 East Market Street Akron OH 44316-0001	
J. William Heitman	Vice President and Controller	1144 East Market Street Akron OH 44316-0001	
Randall M. Loyd	Vice President – Administration	1000 South 21st Street Fort Smith AR 72901	(479) 788-6463
G. Frank Payne	Vice President – Operations	1000 South 21st Street Fort Smith AR 72901	
Michael R. Rickman	Secretary	1144 East Market Street Akron OH 44316-0001	
John P. Cavanaugh	Assistant Treasurer	1144 East Market Street Akron OH 44316-0001	
Bertram Bell	Assistant Secretary	1144 East Market Street Akron OH 44316-0001	
Anthony E. Miller	Assistant Secretary	1144 East Market Street Akron OH 44316-0001	

DIRECTORS

Jonathan D. Rich	1144 East Market Street Akron OH 44316-0001
Stephen R. McClellan	1144 East Market Street Akron OH 44316-0001
Thomas A. Connell	1144 East Market Street Akron OH 44316-0001
Pierre Jambon	1144 East Market Street Akron OH 44316-0001
J. William Heitman	1144 East Market Street Akron OH 44316-0001
Michael R. Rickman	1144 East Market Street Akron OH 44316-0001
Darren R. Wells	1144 East Market Street Akron OH 44316-0001

I understand that I cannot operate a business until I have been issued both a Certificate of Use and a Local Business Tax Receipt. Also, I understand that a Certificate of Use is subject to revocation. It is the obligation of the applicant to provide truthful information on all parts of this application packet. The City reserves the right to revoke any Certificate of Use, or close a business, if application material is omitted or falsified.

Signature Lindsay Conley

Title Tax Administrator Date 8/31/07

FICTITIOUS NAME REGISTRATION

All applicants must complete the following section regarding the use of a fictitious name:

FICTITIOUS NAME ACT: FS 865.09

(1) I declare that I have registered, or will register with the Division of Corporations of the Department of State, for the Fictitious Name Act.

Print Your Name _____

Print Your Fictitious Name (D/B/A) _____

(2) I do not have to comply with the Fictitious Name Act because: (Please check appropriate box)

- ☒ I am using my full legal name - See attached
- ☐ My business is registered as a corporation
- ☐ Other (Please explain) _____

Failure to comply with the Fictitious Name Registration Provisions of Section 865.09, Florida Statutes, is a misdemeanor of the second degree and punishable as provided in Section 775.082 or Section 775.083, Florida Statutes. I understand that by signing this form, that if any of the above is not true, I will be guilty of a misdemeanor of the second degree.

Signature Lindsay Conley Date 7/20/07

THIS AFFIDAVIT IS NOT THE APPLICATION FOR THE REGISTRATION OF YOUR FICTITIOUS NAME

Fictitious Name Registration Packets can be obtained at the Broward County Governmental Center, or through the Florida Department of State, Division of Corporations (850) 488-9000. Online registration can be accessed at www.sunbiz.org

For Office Use Only

Classifications: _____

Certificate of Use Processing Fee _____

Local Business Tax Receipt Fees: _____

_____

BDF _____ Total $ _____

Local Business Tax Receipt Number _____

Processed By _____ Date _____

Approvals: Business Tax Division: _____ Date 11/14/08

City Manager: _____ Date 1/16/09

No incomplete applications will be accepted. All applications must have the required supporting documentation in order to be processed. Submittal of an application in no way reflects acceptance or approval by the City.

Note: Fully completed applications are normally processed within 3-4 weeks

Zoning Confirmation Form

Business Name: WINGFOOT COMMERCIAL TIRE SYSTEMS, LLC

Address: 901 NW 31st AVE, FT LAUDERDALE, FL 33311

Telephone Number: 954-583-9499

Date the business opened or is expected to be opened: 11/1/00

Business Description (Please list all activities conducted at your business):

TIRE RETAIL & SERVICE CENTER

Square Footage: 58,000 sq. ft.

Name of prior tenant or business at this location (if applicable)

Type of Merchandise or Service: TIRES, PARTS, AUTO/TRUCK REPAIR SERVICES

Please list what will be displayed on your business' signage (If the sign will be in another language, we must have an exact translation in English provided below)

Wingfoot Commercial Tire Systems, LLC & Goodyear

Total Dollar Value of Inventory: $821,972.00

In the section below, please check "yes" or "no" to the following questions:

1. Do you have coin or token operated vending machines? Yes ☐ No ☒
   If yes, please list the type of machine (Vending, Washers, etc.) and how many.

2. Do you have gaming devices or arcade machines? Yes ☐ No ☒
   If yes, please list the type of machine(s) and how many.

3. Is the business involved with the sale or advertising of any motor vehicle? Yes ☐ No ☒

4. Does the business operate trucks or other motor driven vehicles? Yes ☒ No ☐

If yes, how many trucks/vehicles? 11
Where will the vehicles be stored? Parking Lot

5. Does the business, or its employees, use trucks or vehicles to deliver or sell merchandise? Yes ☒ No ☐ If yes, how many? _____

6. Are any of these vehicles dedicated to mobile or street vending? Yes ☐ No ☒
If yes, how many? _____
Please list the license plate number and VIN# for any vehicle used for mobile/street vending below

_____

_____

7. Will you practice clairvoyance, fortune telling, mind reading, faith healing, divine healing, astrology or phrenology, or, are you acting as a medium at this location?
Yes ☐ No ☒
If yes, please describe _____

8. Will the business involve the sale of alcoholic beverages? Yes ☐ No ☒
If yes, please check the appropriate boxes.
I will sell beer only Yes ☐ No ☐
I will sell beer and wine Yes ☐ No ☐
I will sell beer, wine, and liquor Yes ☐ No ☐

9. Will alcoholic beverages be consumed on the premises? Yes ☐ No ☒

10. Will you be sharing space within the building at the listed address? Yes ☐ No ☒

11. If you are a professional, (i.e. doctor, lawyer, dentist, realtor, therapist, etc.), are you part of a group practice? Yes ☐ No ☒ NA

If yes, please list the name of the business _____

11. Does the business feature, promote, depict, or display any type of nudity? Yes ☐ No ☒

12. Has the applicant ever had a Local Business Tax Receipt, Certificate of Use, or Occupation License suspended or revoked? Yes ☐ No ☒
If yes, please explain _____

_____

_____

13. The hours of operation of my business will be: M-F 7:00am-5:00pm, Saturday 8am-12:00pm

FOR OFFICE USE ONLY:

The business above is classified as _____ for zoning purposes.

Will the business require a special exception to operate at this location? _____

_____

_____

Additional Comments _____

_____

_____

_____

_____

_____

Planning & Zoning: _____ Date: _____

INSTRUCTIONS FOR COMPLETING THE AFFIDAVIT OF USAGE

***All answers must be completed in English and all sections must be completed.**

Part I asks for your legal name, the business name, and address of the business.

Part II of the Certificate of Use Affidavit lists 16 land uses categories (shown in **bold** letters on the Affidavit). Please circle "yes" or "no" to indicate whether or not your business will conduct this activity. Please circle "yes" for all uses that apply to your business, and circle "no" for each use that does not apply to your business. For each land use category that applies to your business, a line is provided where you ***must*** enter the "specific" land use, or uses, for which a Certificate of Use is requested.

For example, if you are applying for a Certificate of Use to operate a preschool, then you must circle "yes" for Educational facility use, and enter the "specific" land use (e.g., "Preschool") on the line provided. In another example, if you are applying for a Certificate of Use to operate a facility or place with batting cages, you would circle "yes" next to Commercial recreation use, then enter the specific land use (batting cage facility) on the line.

In some instances, a "specific" land use may have a further delineated use, or "sub-category". For example, the Educational facilities use categories includes as a "specific" land use for Arts school. Arts schools have "further delineated" land uses, such as dance, music, painting, sculpting. So if you are applying for an occupational license to operate a dance school, then you must cicle "yes" next to Educational facility use, and write the "specific" land use (e.g., "Arts school") and the "further delineated land use, or "sub-category" (e.g., dance school) on the line provided.

Part III of the Certificate of Use Affidavit addresses acknowledgements. This part contains four sentences that effectively serve as conditions to the approval of a Certificate of Use. It requires you to sign your name, to enter the date you signed the Affidavit, and to have a Notary Public acknowledge your signature.

***Note: A special exception and/or variance may also be required to conduct certain businesses at certain locations.**

Finally, please be advised that the filing of the Affidavit of Usage does not authorize you to commence business activities. You are prohibited from commencing any activities until such time as you have received the Certificate of Use and the Local Business Tax Receipt.

AFFIDAVIT OF USAGE

I, LINDSAY CONLEY (Print your name), doing business as WINGFOOT COMMERCIAL TIRE SYSTEMS, LLC (Print your business name), hereby certify, swear, or affirm that the premises located at 901 NW 31st AVE, FT LAUDERDALE, FL, 33311 (Street address), for which I will seek a Certificate of Use and Local Business Tax Receipt, is limited to the following use(s):

PLEASE CIRCLE "YES" OR "NO" FOR EACH OF THE FOLLOWING USES THAT APPLIES TO YOUR BUSINESS. ALSO, ON THE LINES BELOW, WRITE THE SPECIFIC ACTIVITY THAT WILL BE CONDUCTED FOR EACH CATEGORY USE. ALL SECTIONS MUST BE COMPLETED.

Yes/No **Adult entertainment use** _____

Yes/No **Alcoholic beverage use** _____

Yes/No **Commercial recreation use** _____

Yes/No **Educational facility use** _____

Yes/No **Food or beverage service use** _____

Yes/No **Industrial use** TIRE RETREADING

Yes/No **Medical facility use** _____

Yes/No **Office use** BILLING

Yes/No **Personal services use** _____

Yes/No **Public lodging use** _____

Yes/No **Religious facility use** _____

Yes/No **Residential use** _____

Yes/No **Retail sales use** TIRE / PARTS SALES

Yes/No **Special residential facility use** _____

Yes/No **Transportation or utility use** _____

Yes/No **Vehicular related use** TRUCK / AUTO Tire repair

I hereby acknowledge and affirm that I have candidly and fully identified all uses that are to be operated from the above-described address, and that only the above-identified use(s) shall operate from said address. I further acknowledge that the failure to candidly, accurately and fully identify all uses that are to be operated from the above-described address is grounds for a civil penalty and will result in the immediate denial or revocation of my certificate of use. I also understand that the operation of any use other than the use(s) identified above is grounds for the immediate denial or revocation of the Certificate of Use. I further understand that if there are any changes in the operation of my business as stated in this affidavit subsequent to the opening of my business, that I will agree to file the necessary application(s) and affidavit(s) and seek prior approval from the City of Lauderhill for any such changes. Failure to obtain the necessary prior approval will result in the immediate revocation of my certificate of use. I further understand that the issuance of a Local Business Tax receipt is contingent on the approval of a Certificate of Use and on compliance with all building and zoning ordinances of the City of Lauderhill, and that this compliance must be maintained. Failure to maintain compliance will be cause for revocation of the Certificate of Use.

If a background investigation of any applicant for a Certificate of Use or Local Business Tax Receipt is required, as pursuant to the Code of Ordinances, Chapter 12, Business Regulations, the applicant shall be required to reimburse the City for the cost of the investigation prior to the issuance of the Certificate of Use or Local Business Tax Receipt. Alternatively, if a background investigation of an applicant results in the denial or revocation of a Certificate of Use or Local Business Tax Receipt, said applicant or business owner shall be required to reimburse the City for the costs of the investigation.

I additionally acknowledge that both the Certificate of Use and the Local Business Tax Receipt Expire September 30th of each year and must be renewed by this date; otherwise, the City of Lauderhill will undertake such actions as is specified in the Code of Ordinances.

Lindsay Conley — Applicant Signature

7/20/07 — Signature Date

THIS DOCUMENT MUST BE NOTARIZED

State of ~~Florida~~ Arkansas
County of Sebastian

The foregoing instrument was acknowledge before me this 20th day of July, 2007, by Lindsey Conley, who is personally known to me or who has produced _____ as identification.

_____, Notary Public
Signature of Notary Public

DEBRA SATTAZAHN
Sebastian County
My Commission Expires
July 10, 2010

Debra Sattazahn
Name of Notary Typed, Printed or Stamped

Commission No. _____

OPTIONAL

Though the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

RIGHT THUMBPRINT OF SIGNER
Top of thumb here

Doc ID --> 200026901244

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/25/2000	200026901244	ARTICLES OF ORGANIZATION/DOM. LLC (LCA)	85.00	10.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

ARTICLES OF ORGANIZATION (4 PGS)

C.T. CORPORATION SYSTEM
17 S. HIGH STREET
COLUMBUS, OH 43215

STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1182393

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

WINGFOOT COMMERCIAL TIRE SYSTEMS, LLC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
ARTICLES OF ORGANIZATION/DOM. LLC	**200026901244**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of September, A.D. 2000.

J. Kenneth Blackwell

Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the Forms Inventory List (using the 3 digit form # located at the bottom of this form). To obtain the Forms Inventory List or for assistance, please call Customer Service:
Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this form
☐ Yes

ARTICLES OF ORGANIZATION

(Under Section 1705.04 of the Ohio Revised Code)
Limited Liability Company

The undersigned, desiring to form a limited liability Company, under Chapter 1705 of the Ohio Revised Code, do hereby state the following:

FIRST: The name of said limited liability company shall be:
Wingfoot Commercial Tire Systems, LLC
(the name must include the words "limited liability company", "limited", "Ltd.", "Ltd.", "LLC", or "L.L.C.")

SECOND: This limited liability company shall exist for a period of perpetual

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is:

1144 East Market Street
(street address or post office box)

Akron, Ohio 44316-0001
(city, village, or township) (state) (zip code)

☐ Please check this box if additional provisions are attached hereto

Provisions attached hereto are incorporated herein and made a part of these articles of organization.

RECEIVED
SEP 21 2000
J. KENNETH BLACKWELL
SECRETARY OF STATE

J. Kenneth Blackwell

Secretary of State

FOURTH: Purpose (optional)

IN WITNESS WHEREOF, we have hereunto subscribed our names on September 21, 2000 (date)

The Goodyear Tire & Rubber Company

Signed
Name: Bertram Bell, Assistant Secretary

Signed
Name:

Signed
Name:

Signed
Name:

Signed
Name:

Signed
Name:

Signed
Name:

Signed
Name:

Signed
Name:

Signed
Name:

(If insufficient space for all signatures, please attach a separate sheet containing additional signatures)

J. Kenneth Blackwell

Prescribed by:
J. Kenneth Blackwell
Secretary of State
30 East Broad St. 14th Floor
Columbus, Ohio 43266-0418

ORIGINAL APPOINTMENT OF AGENT

(for limited liability company)

The undersigned, being at least a majority of the members of Wingfoot Commercial Tire Systems, LLC (name of limited liability company), hereby appoint C T Corporation System (name of agent) to be the agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The complete address of the agent is:

1300 East 9th Street
(street address P.O. Boxes are not acceptable)
Cleveland, Ohio 44114
(city, village, township) (zip)

The Goodyear Tire & Rubber Company

By: _____ (authorized member, manager, or representative)
Name: Bertram Bell

By: _____ (authorized member, manager, or representative)
Name: _____

By: _____ (authorized member, manager, or representative)
Name: _____

By: _____ (authorized member, manager, or representative)
Name: _____

By: _____ (authorized member, manager, or representative)
Name: _____

By: _____ (authorized member, manager, or representative)
Name: _____

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for Wingfoot Commercial Tire Systems, LLC (name of limited liability company) hereby acknowledges and accepts the appointment of agent for said limited liability Company.

C T Corporation System

Timothy Robinson (Agent's signature)
Spec. Asst. Sec.

Prepared By and Return To: Shaun M. McCaffrey, Esq.
P. O. Box 10048
Fort Smith, AR 72917-0048

INSTR # 100762192
OR BK 31176 PG 0689
RECORDED 01/10/2001 12:57 PM
COMMISSION
BROWARD COUNTY
DOC STMP-D 11,039.70
DEPUTY CLERK 1067

PROPERTY DEED (2 PGS)

Property Appraiser's Parcel I.D. No.:
0206-00-00410

WARRANTY DEED
CORPORATE GRANTOR

This Warranty Deed made this 31st day of October, 2000, by and between ***TREADCO, INC.***, a corporation of the State of Delaware, hereinafter called the Grantor, and ***WINGFOOT COMMERCIAL TIRE SYSTEMS LLC***, hereinafter called the Grantee, whose mailing address is 1000 South 21st Street, Fort Smith, AR 72901.

WITNESSETH, that the Grantor, for and in consideration of the sum of One and no/100 DOLLARS ($1.00), and other valuable consideration, the receipt whereof is hereby acknowledged, hereby grants, bargains and sells unto the Grantee, and Grantee's successors, heirs and assigns forever, all that certain parcel of land in the County of Broward, State of Florida, to-wit:

SEE ATTACHED EXHIBIT A

Legal Address: **901 NW 31st Avenue**
Fort Lauderdale, Florida

TOGETHER with all of the tenements, hereditaments and appurtenances thereto belonging or in anywise appertaining.

TO HAVE AND TO HOLD, the same in fee simple forever.

AND the Grantor hereby covenants with the Grantee that the Grantor is lawfully seized of said land in fee simple; that the Grantor has good right and lawful authority to sell and convey this land; that the Grantor hereby fully warrants the title to the land and will defend the same against the lawful claims of all persons whomsoever; and that the land is free of all encumbrances, except taxes accruing subsequent to December 31, 1999, and restrictions, covenants and easements of record.

IN WITNESS WHEREOF, the Grantor has caused these presents to be executed in its name and its corporate seal to be hereunto affixed, by its proper officers thereunto duly authorized, the day and year first above written.

(CORPORATE SEAL)

TREADCO, INC.

ATTEST:

Richard F. Cooper, Secretary

By: _____
John R. Meyers, President

STATE OF ARKANSAS §
COUNTY OF SEBASTIAN §

The foregoing instrument was acknowledged before me this 31st day of October, 2000, by John R. Meyers, President of Treadco, Inc., a corporation of the State of Delaware, on behalf of the corporation, he is personally known to me or who has produced _____ as identification and did (did not) take an oath.

(Notarial Seal)

"OFFICIAL SEAL"
DIANE L WHITE
Notary Public, State of Arkansas
County of Sebastian
My Commission Exp. 06/21/2010

Diane L. White
Notary Public
Diane L. White
Printed Name
My Commission No.: _____
Commission Expires: 6/21/2010

-34779 01-07-01

Will Call → Commonwealth Land Title RYS/00003259 (2)

EXHIBIT "A"

The Southeast 1/4 of the Northeast 1/4 of the Northeast 1/4 (being the Southeast 1/4 of Government Lot 1) in Section 6, Township 50 South, Range 42 East, excepting therefrom the following described parcels:

(i) The North 50 feet thereof;

(ii) the following described parcel:

Beginning on the East boundary thereof, at a point 50 feet South of the North boundary of said SE 1/4 of Government Lot 1; thence along said East boundary run Southerly 128.69 feet; thence run Northwesterly 302.74 feet along a line forming an angle of 65° more or less, in the Northwest quadrant, to an intersection with a line of 50 feet South of and parallel to said North boundary of the SE 1/4 of Government Lot 1; thence run Easterly 274.47 feet, more or less, along said parallel line to the Point of Beginning;

(iii) a parcel beginning at the Southwest corner of the primary tract, running Easterly along the South Boundary a distance of 361.50; thence North on a line parallel to the West boundary line of said tract a distance of 361.50 feet; thence Westerly on a line parallel to the South boundary line of said tract a distance of 361.50 feet to the Western boundary line of said tract; thence Southerly along said boundary line a distance of 361.50 feet to the Point of Beginning;

(iv) the East 36 feet of the primary tract which said 36 feet was deeded to Broward County;

(v) the South 358.00 feet of the Southeast one-quarter (SE1/4) of Government Lot 1, in Section 6, Township 50 South, Range 42 East, LESS AND EXCEPT THEREFROM the West 361.50 feet and the East 36.00 feet; and

(vi) The West 136.00 feet of the North 200.00 feet of the South 561.50 feet of the Southeast one-quarter (SE1/4) of Government Lot 1, in Section 6, Township 50 South, Range 42 East.

Said lands situate, lying and being in Broward County, Florida.

013

DR-13
R. 01/07
11/23/06

2007 Florida Annual Resale Certificate for Sales Tax

THIS CERTIFICATE EXPIRES ON DECEMBER 31, 2007

Business Name and Location Address	Registration Effective Date	Certificate Number
WINGFOOT COMMERCIAL TIRE SYSTEMS LLC 901 NW 31ST AVE FORT LAUDERDALE FL 33311-6629	02/14/01	16-8012434738-7

This is to certify that all tangible personal property purchased or rented, real property rented, or services purchased on or after the above Registration Effective Date by the above business are being purchased or rented for one of the following purposes:

- Resale as tangible personal property.
- Re-rental as tangible personal property.
- Resale of services.
- Re-rental as real property.
- Incorporation into and sale as part of the repair of tangible personal property by a repair dealer.
- Re-rental as transient rental property.
- Incorporation as a material, ingredient, or component part of tangible personal property that is being produced for sale by manufacturing, compounding, or processing.

This certificate cannot be reassigned or transferred. This certificate can only be used by the active registered dealer or its authorized employees. Misuse of this *Annual Resale Certificate* will subject the user to penalties as provided by law. **Use signed photocopy for resale purposes.**

Presented to: _____ (Insert name of seller on photocopy) (date)

Presented by: _____ Authorized Signature (Purchaser) (date)

Florida Department of Agriculture and Consumer Services
Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee, Florida 32399-6500

February 6, 2006

WINGFOOT COMMERCIAL TIRE SYSTEMS, LLC.
TAX DEPT
PO BOX 48
FORT SMITH, AR 72902-0048

SUBJECT: Motor Vehicle Repair Shop Registration MV41950

Your application for registration as a motor vehicle repair shop as required by section 559.904, Florida Statutes, has been received and processed.

Your registration certificate appears below. This certificate should be detached along the dotted line and affixed to the sign which will be mailed to you under separate cover. The sign must be posted in a conspicuous location at your place of business. This registration certificate will expire February 23, 2008.

Your registration number is required by law to be placed on your invoices and estimate forms. The registration number is also required to be included in advertisements which are placed in a newspaper, magazine or directory.

If you have any questions, please do not hesitate to call the Division of Consumer Services, Bureau of Compliance, at 800-435-7352 or 850-922-2966.

Cut Here

State of Florida
Department of Agriculture and Consumer Services
Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee, Florida 32399-6500

Registration No.: **MV41950**
Issue Date: February 6, 2006
Expiration Date: February 23, 2008

POST CERTIFICATE CONSPICUOUSLY

Motor Vehicle Repair Registration Certificate

Chapter 559, Florida Statutes
GOOD ONLY FOR THE LOCATION LISTED BELOW

WINGFOOT COMMERCIAL TIRE SYSTEMS, LLC.
901 NW 31ST AVE
FORT LAUDERDALE, FL 33311-6629

Charles H. Bronson

CHARLES H. BRONSON
COMMISSIONER OF AGRICULTURE

This is to certify that the Motor Vehicle Repair Shop whose name and address are shown above has registered and paid the prescribed fee (based on the declared number of mechanics, technicians, and helpers) as required by s. 559.904 F.S. and is authorized to perform Motor Vehicle Repairs at the location shown above.

RJ

Board of County Commissioners, Broward County Florida
BROWARD COUNTY OCCUPATIONAL LICENSE TAX

FORM NO. 401-280/AC 25-061
RV200625413 (Rev. 3/06)

FOR PERIOD OCTOBER 1, 2006 THRU SEPTEMBER 30, 2007

☐ RENEWAL ☐ TRANSFER SEC # 33 / 331

☒ NEW DATE BUSINESS OPENED 11/01/00

STATE OR COUNTY CERT/REG # 96CU346

Business Location Address:

901 NW 31 AVE
UNINCORPORATED 33311
BUSINESS PHONE: (954)583-9499

TAX	45.00
BACK TAX	
PENALTY	
T.C. FEE	
TRANSFER	
TOTAL	45.00

PENALTIES IF PAID
OCT. - 10% | NOV. - 15%
* DEC. - 20% | * After DEC. 31 - 25%

* Plus Tax Collection Fee of up to $25.00
Based on Cost of License if Paid
On or After November 30.

ACCOUNT NUMBER
331-0002318

WINGFOOT COMMERCIAL TIRE
SYSTEMS LLC
GOODYEAR TIRE & RUBBER CO
901 NW 31 AVE
FORT LAUDERDALE FL 33311

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED
TO PUBLIC VIEW AT THE LOCATION ADDRESS ABOVE.

TYPE OF LICENSE TAX PAID
RETAIL TIRES

REVENUE COLLECTION DIVISION
BROWARD COUNTY, FLORIDA
1500550.0002 OF 0003
Date Paid 9/27/06 For 9/26/06
45.00 TEN 15A
BY CNS TILL 15A

BROWARD COUNTY FLORIDA

BROWARD COUNTY REVENUE COLLECTION
115 S. Andrews Avenue, Governmental Center Annex
FORT LAUDERDALE, FL 33301
www.broward.org/revenue

2006 - 2007

PAYMENT RECEIVED AS VALIDATED ABOVE

*SEE INSTRUCTIONS ON BACK OF LAST COPY

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TRANSFERRED FROM 322-0006803

Board of County Commissioners, Broward County Florida
BROWARD COUNTY OCCUPATIONAL LICENSE TAX

FORM NO. 401-280/AC 25-061
RV200625413 (Rev. 3/06)

FOR PERIOD OCTOBER 1, 2006 THRU SEPTEMBER 30, 2007

☐ RENEWAL ☐ TRANSFER SEC # 27 / 279

☐ NEW DATE BUSINESS OPENED 01/01/80

STATE OR COUNTY CERT/REG # 96-CU-346

Business Location Address:

901 NW 31 AVE
UNINCORPORATED 33311-0000
BUSINESS PHONE: (954)583-9499

TAX	45.00
BACK TAX	
PENALTY	
T.C. FEE	
TRANSFER	
TOTAL	45.00

PENALTIES IF PAID	
OCT. - 10%	NOV. - 15%
* DEC. - 20%	*After DEC. 31 - 25%

*Plus Tax Collection Fee of up to $25.00 Based on Cost of License if Paid On or After November 30.

ACCOUNT NUMBER
279-0005396

REVENUE COLLECTION DIVISION
BROWARD COUNTY, FLORIDA
150650.0003 of 0003
Date Paid 9/27/06 For 9/26/06
45.00
Per ORB Till 15A

WINGFOOT COMMERCIAL TIRE
SYSTEMS LLC
GOODYEAR TIRE & RUBBER CO
901 NW 31 AVE
FORT LAUDERDALE FL 33311

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED TO PUBLIC VIEW AT THE LOCATION ADDRESS ABOVE.

BROWARD COUNTY FLORIDA

TYPE OF LICENSE TAX PAID
ALL OTHERS
10 UNITS

2006 - 2007

PAYMENT RECEIVED AS VALIDATED ABOVE

*SEE INSTRUCTIONS ON BACK OF LAST COPY

BROWARD COUNTY REVENUE COLLECTION
115 S. Andrews Avenue, Governmental Center Annex
FORT LAUDERDALE, FL 33301
www.broward.org/revenue

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R J

Board of County Commissioners, Broward County Florida
BROWARD COUNTY OCCUPATIONAL LICENSE TAX

FORM NO. 401-280/AC 25-061
RV200625413 (Rev. 3/06)

FOR PERIOD OCTOBER 1, 2006 THRU SEPTEMBER 30, 2007

☐ RENEWAL ☐ TRANSFER SEC. # 32 /3220

☐ NEW DATE BUSINESS OPENED 11/01/00

STATE OR COUNTY CERT/REG # 96CU346 MV41950

Business Location Address:
901 NW 31 AVE
UNINCORPORATED 33311
BUSINESS PHONE: (954)583-9499

TAX	150.00
BACK TAX	
PENALTY	
T.C. FEE	
TRANSFER	
TOTAL	150.00

PENALTIES IF PAID
OCT. - 10% | NOV. - 15%
*DEC. - 20% | *After DEC. 31 - 25%
*Plus Tax Collection Fee of up to $25.00 Based on Cost of License if Paid On or After November 30.

ACCOUNT NUMBER
3220-0000880

THIS LICENSE MUST BE CONSPICUOUSLY DISPLAYED TO PUBLIC VIEW AT THE LOCATION ADDRESS ABOVE.

WINGFOOT COMMERCIAL TIRE
SYSTEMS LLC
GOODYEAR TIRE & RUBBER CO
901 NW 31 AVE
FORT LAUDERDALE FL 33311

TYPE OF LICENSE TAX PAID
TIRE REPAIR
25 UNITS

BROWARD COUNTY FLORIDA

BROWARD COUNTY REVENUE COLLECTION
115 S. Andrews Avenue, Governmental Center Annex
FORT LAUDERDALE, FL 33301
www.broward.org/revenue

2006 - 2007

PAYMENT RECEIVED AS VALIDATED ABOVE

*SEE INSTRUCTIONS ON BACK OF LAST COPY

REVENUE COLLECTION DIVISION
BROWARD COUNTY, FLORIDA
150BCO.0001 of 0003
9/27/06 For 9/26/06
150.00
ONE TILL 15A

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