F09000004201

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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ALLAHASSEF FINALE

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COVER LETTER

TO: New Filing Division of	Section Corporations	·	
SUBJECT: V	olume Iransportation, J	Inc.	
Sebucer.	Name of corporation - mu	st include suffix	
Dear Sir or Madam	:		
"Certificate of Exis	lication by Foreign Corporation for Authoritence," or "Certificate of Good Standing" corporation to transact business in Florida	and check are submitted to registe	
Please return all co	rrespondence concerning this matter to th	e following:	
	Name of Perso	n	
\	Solume Iransportation, I	<u>nc</u>	
10	575 Marshall Blid.		+ 100 - 176 - J
L	Address iMmia, GA 30058		
	City/State and Zi	p code	.
	E-mail address: (to be used for fu	ture annual report notification)	
For further informa	tion concerning this matter, please call:		
75.56	Lat (710)_	432.1400 EXT	Z+Z
Name of P	erson Area Code	& Daytime Telephone Number	
New Filing Division of Clifton Bui 2661 Exect	Corporations	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check	for the following amount:		
\$70.00 Filing F		8.75 Filing Fee & S87.50 Fi ertified Cop Certified Certified	te of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Volume Jrans portation, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. 58-200798 (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Marshall Blud. Litheria, GA
(Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 105 Thomas Drive

10. Registered agent's acceptance:

Office Address:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

City Beach, Florida 32408
(Zip code)

^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS		
Chairman:	Joseph L. Coleman	
Address:	6575 MArshall BLVA	
	Lithonia, 4A 30058	
Vice Chairman:	1	
Address:		
Director:	LATRY S. JEllers	
Address:	LATTY S. JEllers 6575 Marshall BLVD Lithonia GA 30058	
	Lithon: A GA 30058	
		O9 SEC
Addiess.		26
D OFFICEDS		To R IN
B. OFFICERS		Ω
President:	Joseph L. C. Emans 6575 Marshall Burs	- <u>34</u> -
Address:	6575 Marshall Burs	>
	1,-th.win, An 30058	
Vice President:		
Address:		
		······································
Secretary:	Larry S. Sellers	
Address:	2575 Marshall Bus L. Th.	win, Gn 30058
Treasurer:		
Address:		
NOTE: If necessa	ary, you may attach an addendum to the application listing additional officer	
13	(Signature of Director or Officer listed in number 12 of the application)	
• 4	(Signature of Director or Officer listed in number 12 of the application) Tose, L	mm - CEO
14	(Typed or printed name and capacity of person signing application)	

Control No. K200794

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state Georgia, hereby certify under the seal of my office that

VOLUME TRANSPORTATION, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 01/28/1992 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 21st day of October, 2009

Karen C Handel Secretary of State

Haun Claudel

Certification Number: 4655535-1 Reference: 94122-0001 Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp