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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nan	ne)
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sisters Transport Services, Inc. Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Stephanie Tany!
Sisters transport Services, Inc
4 Hawkins Street
Shelby n.C. 28,56 City/State and Zip code
Stephane Sistenstransport Com E-mail address: (to be used for future and ual report notification)
For further information concerning this matter, please call:
Name of Person at (104) 297 1396 Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

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.
Sisters transport Services, Inc
(Enter name of corporation; must include INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
me., co., corp. me. co, w corp. y
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Of Caroling 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)
Marain 76 7017
4. (Date of incorporation) 5. (Date of duration, if other than perpetual)
6.
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
J Howarias St Shothun C 28150
7. (Principal office address)
· · · · · · · · · · · · · · · · · · ·
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Maca 1.2-16-5
Name: Itela Wating
Office Address: 2210 Jenny Loop
GADLAKES, Florida 34639
(City) (Zip code)
9. Registered agent's acceptance: 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.
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auties, and I am jumiliar with and accept the obligations of my position as registered agent.

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _____ Address: ____ Vice Chairman: Director: **B. OFFICERS** Address: Vice President: Address: _ Treasurer: __ NOTE: If necessary, you may attach an addendam to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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-

(Typed or printed name and capacity of person signing application)



NORTH CAROLINA Department of the Secretary of State

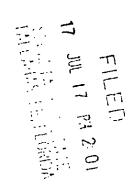
CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

SISTERS TRANSPORT SERVICES, INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of March, 2017, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.







Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of July, 2017.

Elaine J. Marshall

Secretary of State