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M. SOLOMER

## **COVER LETTER**

Registration Section

TO:

٠.	Division of Corporations	
SUBJEC	C & CTRANSPORTATION SYSTEMS LLC	
SUBJEC	Name of Limited Liability Company	
The encl Existenc	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida	f 1.
Please re	eturn all correspondence concerning this matter to the following:	
	LOVETTE DOBSON	
	Name of Person	
	Firm/Company	
4.	17350 STATE HWY 249 #220	
	Address	
	HOUSTON, TX 77064	
	City/State and Zip Code	
	EFILE1234@INCFILE.COM	
	E-mail address: (to be used for future annual report notification)	
For furth	ner information concerning this matter, please call:	
	LOVETTE DOBSON   1   888-462-3453   at ()	
	Name of Contact Person Area Code Daytime Telephone Number	
٠.	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE	
	S125.00 Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy S160.00 Filing Fee, Certified Copy	ite

## 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 TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

17 L L L L L L L L L L L L L L L L L L L			ernate name must include "Limited Liability Company," "	L L.C," or "LL	C.")
ELAWARE	hich foreign limited liability company is organized)	3.	(FEI number, if applicable)		-
Counselection tinger the law of w	nich foreign limited liability company is organized)		(Fift number, il applicable)		
	(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to det	r to registration.	<u> </u>		
551 N BROAD ST, ST			(ability) 651 N BROAD ST, STE 205 #4781		
	Principal Office)	6.	(Mailing Address)		
MIDDLETOWN, DEL	AWARE 19709		MIDDLETOWN, DELAWARE 19709		
		-			•
lans, and the stades	of Florida and investor (D.O. D.	. NOT			
Same and <u>street addres</u>	s of Florida registered agent: (P.O. B	ox <u>NOT</u> a	cceptable)	ik s	202
	ss of Florida registered agent: (P.O. B LEGALINC CORPORATE SERVI		cceptable)	### ###	2021 AUG
lame and <u>street addres</u> Name:	LEGALINC CORPORATE SERVI	CES INC.	cceptable)	Service of Assert	2021 AUG 23
		CES INC.	cceptable)	La babbanchia La Anna and Anna	2021 AUG 23 PK
Name:	LEGALINC CORPORATE SERVI 5237 SUMMERLIN COMMONS, S FORT MYERS	CES INC.	33907	Red of publication and selection and selecti	PK 4:
Name:	LEGALINC CORPORATE SERVI	CES INC.	33907	Services of Services of Services	
Name: Office Address: istered agent's accep	LEGALINC CORPORATE SERVI  5237 SUMMERLIN COMMONS, S  FORT MYERS  (City)	CES INC.	33907 Florida(Zip code)	ASSESSMENT OF STATE O	PK 4: 05
Name: Office Address: istered agent's acceping been named as re	LEGALINC CORPORATE SERVI  5237 SUMMERLIN COMMONS, S  FORT MYERS  (Cuy)  tance: gistered agent and to accept service of	CES INC. SUITE 400	33907	pany at the	PK 4: 05

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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: \_SIDNEY COOTE Manager Member Address: ☐ Member Address: \_\_\_\_\_\_\_ 651 N BROAD ST, STE 205 #4781 Authorized ☐ Authorized MIDDLETOWN, DELAWARE 19709 Person Person Other\_\_\_\_ Other Other\_ Other\_\_\_ Name: ANTOINE COOTE Manager Manager Manager Name: \_\_\_\_ Address: \_ 7360 ZAPATA DR ■ Member Member Address: \_\_\_\_\_ Authorized ☐ Authorized JACKSONVILLE, FLORIDA 32210 Person Person Other Other Other\_\_\_\_ ☐ Manager Member ☐ Member Authorized Authorized Person Person Other\_\_ Other\_\_\_ Other\_\_\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. SIDNEY COOTE - MEMBER

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "C & C TRANSPORTATION SYSTEMS LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTIETH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "C & C
TRANSPORTATION SYSTEMS LLC" WAS FORMED ON THE NINETEENTH DAY OF
FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203968249

Date: 08-20-21