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TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: American River Logistics, Ltd., 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", 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: 300003194383--7

Gerard S. Doyle, Jr., Esq.

(Name of Person)

The Law Office of Doyle & Doyle

(Firm/Company)

636 Morris Turnpike

(Address)

Short Hills, NJ 07078

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Gerard S. Doyle, Jr.

(Name of Person)

at (973) 467-4433

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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

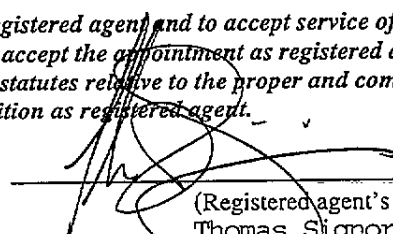
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. American River Logistics, Ltd., Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New York
(State or country under the law of which it is incorporated)
3. 11-3145116
(FEI number, if applicable)
4. February 9, 1993
(Date of incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. anticipated 4/1/00
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1229 Old Walt Whitman Road
Melville, NY 11747
(Current mailing address)
8. Any lawful business; international freight forwarding
(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 or Mail Drop Box NOT acceptable)
Name: Thomas Signorile
Office Address: 6801 West 12th Street
Jacksonville, Florida, 32254
(Zip code)

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10. 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.



(Registered agent's signature)
Thomas Signorile

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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Thomas A. Cook

Address: 1229 Old Walt Whitman Road, Melville, NY 11747

Vice Chairman: Joseph Gullotta

Address: 1229 Old Walt Whitman Road, Melville, NY 11747

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Thomas A. Cook

Address: 1229 Old Walt Whitman Road, Melville, NY 11747

Vice President: Thomas Signorile

Address: 6801 West 12th Street, Jacksonville, FL 33254

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. ☒ Joseph Gullotta
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Joseph Gullotta, Vice Chairman
(Typed or printed name and capacity of person signing application)

State of New York } ss:
Department of State

I hereby certify, that the Certificate of Incorporation of AMERICAN RIVER LOGISTICS, LTD. was filed on 02/09/1993, under the name of FREIGHT SPECIALISTS, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

A Biennial Statement was filed 05/11/1994.

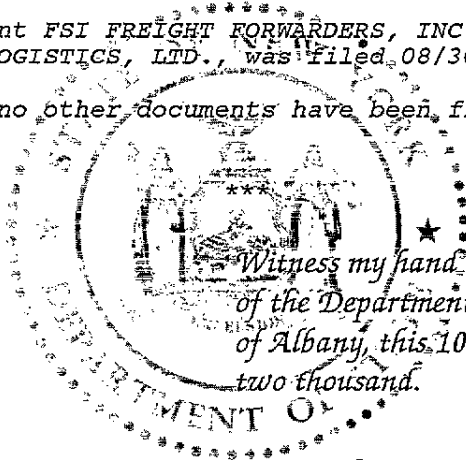
A Certificate of Amendment FREIGHT SPECIALISTS, INC., changing its name to FSI FREIGHT FORWARDERS, INC., was filed 06/20/1996.

A Biennial Statement was filed 08/07/1997.

A Biennial Statement was filed 03/05/1999.

A Certificate of Amendment FSI FREIGHT FORWARDERS, INC., changing its name to AMERICAN RIVER LOGISTICS, LTD., was filed 08/30/1999.

I further certify, that no other documents have been filed by such Corporation.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 10th day of March
two thousand.

Special Deputy Secretary of State

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TALLAHASSEE FLORIDA