

FOOOOQOO 6508

6.

TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations

SUBJECT: Cold Freight, 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:

David A. Gill  
(Name of Person)  
Cold Freight, Inc.  
(Firm/Company)  
P.O. Box 5698  
(Address)  
Douglasville, GA 30154  
(City/State/Zip)

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TALLAHASSEE, FLORIDA

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

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-08/25/00--01046--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

David Gill at (770) 745-3345  
(Name of Person) (Area Code & Daytime Telephone Number) W-21282

STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

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



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

August 30, 2000

DAVID A. GILL  
COLDFREIGHT INC  
PO BOX 5698  
DOUGLASVILLE, GA 30154

SUBJECT: COLDFREIGHT, INC.  
Ref. Number: W00000021282

We have received your document for COLDFREIGHT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 000A00046314

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

September 11, 2000

DAVID A. GILL  
COLDFREIGHT INC  
PO BOX 5698  
DOUGLASVILLE, GA 30154

SUBJECT: COLDFREIGHT, INC.  
Ref. Number: W00000021282

We have received your document for COLDFREIGHT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agents needs to be listed in number 9 and the agent needs to sign number 10. Also keep in mind if the registered agent is a company it must be registered with our office.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays  
Document Specialist

Letter Number: 300A00047834

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TALLAHASSEE, FLORIDA

**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. Cold Freight, 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. Georgia  
(State or country under the law of which it is incorporated)

3. 58-2558606  
(FEI number, if applicable)

4. July 18, 2000  
(Date of incorporation)

5. \_\_\_\_\_  
(Duration: Year corp. will cease to exist or "perpetual")

6. August 1, 2000  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. a. 6955 Oakridge Pkwy, Suite G Austell, GA 30168  
(Principal office address)

b. P.O. Box 5698 Douglasville, GA 30154  
(Current mailing address)

8. Delivery for Food service Industry  
(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: CORPORATE RISK MANAGEMENT

Office Address: 1581 Robert J. Conlan Blvd Ste. 106

Palm Bay, Florida 32905  
(Zip code)

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TALLAHASSEE, FLORIDA

**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.*

[Signature]  
(Registered agent's signature)

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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: David A. Gill

Address: 9072 Green Pines Ct.

Douglasville, GA 30134

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Dellene Gill

Address: 9072 Green Pines Ct.

Douglasville, GA 30134

Treasurer: Dellene Gill

Address: 9072 Green Pines Ct.

Douglasville, GA 30134

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

13. David A. Gill

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. David Gill - President

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

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TALLAHASSEE, FLORIDA

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

DOCKET NUMBER : 003180737  
CONTROL NUMBER : 0032247  
DATE INC/AUTH/FILED: 07/18/2000  
JURISDICTION : GEORGIA  
PRINT DATE : 11/13/2000  
FORM NUMBER : 211

DAVID A. GILL  
COLDFREIGHT, INC.  
P.O. BOX 5698  
DOUGLASVILLE, GA 30154

**CERTIFICATE OF EXISTENCE**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**COLDFREIGHT, INC.**  
**A DOMESTIC PROFIT CORPORATION**

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. 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.



*Cathy Cox*

Cathy Cox  
Secretary of State