FO2000000805

TO: Registration Section Division of Corporation	on rations			
SUBJECT: D	ESSA FOL	IR TRANS F on - must include suffix)	PORT, I	NC
Dear Sir or Madam:	•			
	by Foreign Corporation for	Authorization to Transact I	Business in Florida",	
"Certificate of Existence", to transact business in Flo	, and check are submitted to	register the above reference	d foreign corporation	*
Please return all correspon	ndence concerning this matte	er to the following:		.
Angela LE	Ε)00049UU: n>/11/82-81 8	91012_
	(Name o	f Person)	*****70.00 *	****70.00
Odessa Fo	UR TRANSPOR	t, Inc	200 2012	
0	(Firm/C	ompany)		
Post Offic	e box 5d	dress)		The state of the s
0 -1 -0/0	97920	iress)		-
GASTON, NC	(City/State	e and Zip code)	z zast u s, sat	
	(0.0,72	•		
For further information c	oncerning this matter, please	e call:		
o	010	Mnc 1 21		
HMGELA LEE	at (<u>050</u>) 531-536 a Code & Daytime Telephoi	ne Number)	· · · -
(Name of Person	n) (Are	a Code & Daytime Telephor	TAS S	3
			LLA: CRE	<u> </u>
STREET ADDRESS:		MAILING ADDRESS		
Registration Section Division of Corporations	s	Registration Section Division of Corporation		_ \ <u>[</u> []
409 E. Gaines St.		P.O. Box 6327		
Tallahassee, FL 32399		Tallahassee, FL 32314		- 7
Enclosed is a check for	the following amount:)A · · ·	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of State Certified Copy	me 2/14

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. (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.) (State or country under the law of which it is incorporated) (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.) (Principal office address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 02 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Office Address: 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.

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:		<u>. </u>	<u>a a a anti</u> a Escapa e e e e e e e e e e e e e e e e e e
Address:			
Vice Chairman:			
Address:			•
Director:		•"	
Address:		·- * •	<u></u>
	- <u> </u>	<u> </u>	 ,
Director:			<u> </u>
Address:	}	<u></u>	<u> </u>
B. OFFICERS			- ·
President: Cleveland Ingram, Je	SE	02	
Address: 3603 AVENUE L		7 -	<u> </u>
FORT PIERCE, Florida 34947			PAT PT
	<u> </u>		 -·
Vice President:	07	<u>⊋</u> ∪	
Address:			<u> </u>
			<u>====</u> ================================
Secretary: FINGELA LEE			
Address: Post Office Box 52			· · · · · · · · · · · · · · · · · · ·
Treasurer: GASTON, NC 27832			
Address:			
	<u> </u>		
NOTE: If necessary, you may attach an addendum to the application listing additional office	rs and/or di	irectors.	
13. Cilculand sharam, In Pessident			
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	the application	ation)	<u> </u>
14. Cleveland Ingram, JR			사 사
(Typed or printed name and capacity of person signing application)	·ick		



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

ODESSA FOUR TRANSPORT, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 26th day of April, 2001, 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.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of February, 2002.

Elaine 4. Marshall.
Secretary of State