F02000001737

TRANSMITTAL LETTER

Division of Con		•	-			
SUBJECT:	TRUE-WAY LOGIST	ics corp.				
SUBJECT: TRUE-WAY LOGISTICS, CORP. (Name of corporation - must include suffix)						
Dear Sir or Madam:						
	tion by Foreign Corporation for e", and check are submitted to Florida.					
Please return all corresp	condence concerning this matt	er to the following:				
	ERNANI J. VERLAN	618R1	nns188752			
	(Name	of Person)	-04/03/0201029006 *****87.50 *****87.5			
	TRUE-WAY LOGISTICS CO.	<i>12P</i>	- 本本本本本の! * コロ - 本本本本の! * J			
		ompany)	· · · · · · · · · · · · · · · · · · ·			
	3411 NW 9th Ave (Ad FORT LAUDSROBIE,	e. Suits 708				
	(Ad	dress)	N S S			
	FORT LAUDSKOALS,	PL 33309	CR AF			
	(City/State	e and Zip code)	HAZA F			
	concerning this matter, please at (95%) on) (Area		-3 AM 1: 12 ARY OF STATE ASSEE, FLORIDA Number)			
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	402-1737 Al			
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & A	\$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.

	WAY LOGISTICS			_	-	
words or abbrev	ration; must include the viations of like import in or partnership if not so co	language as will clear	ly indicate that it:	IY", "CORPORATI is a corporation inst	ON" or ead of a	
2	AWARE	3				
(State or country	under the law of which	it is incorporated)	1	(FEI number, if appl	licable)	
4. <i>Ol</i>	1/16/1997	5.	Perioe	Tupl		
(Dat	e of incorporation)	5	(Duration: Ye	ar corp. will cease to	exist or "perpet	ual")
6. UPOL	QUALIFICATION					
(Date first transa	cted business in Florida. (SEE	If corporation has no SECTIONS 607.150			t "upon qualifica	ition.")
7. 34	IINW 9TH AVE	SUITE 708	FORT LAUDO	NUME, PL	33309	
	.,	(Principal office add	iress)	······································	•	
34	11 NW 9th Ave	SUITE 708	FORT LOUDS	numis FL	33309	
	11 NW 9th Ave	(Current mailing add	iress)	,		
8	S) of corporation authori	N - FOR PMO	FIT		A	<u>~</u> 8
(Purpose(s) of corporation authori	zed in home state or c	ountry to be carri	ed out in state of Flo	orida) \succeq	S A
9. Name and <u>str</u>	eet address of Florid האארט על עומאל על א	a registered agent:	(P.O. Box or N	Mail Drop Box <u>NO</u>	T acceptable	APR -3 CRETARY
Name:	EKURNS VON	CLANGIBO		· _		, <u> </u>
Office Address:	3411 NW 9Th	AVE SUITE 70	<u> </u>		- LOJ-	AMII: 12
	FTLAVAME	mis	, Florida	33309		
	(City)			(Zip code)		
	gent's acceptance: ned as registered agen	it and to accout som	nica of procase t	Con tha ahona stata	d correction	at the place
designated in this	s application, I hereby	accept the appoint	ment as registe	red agent and agr	ee to act in thi	s capacity. I
further agree to c	comply with the provis	sions of all statutes	relative to the p	roper and comple	ete performanc	e of my
auties, and I am j	familiar with and acc	ept the obligations (oj my position a	is registered ageni	t.	
		_				
		11/6				
_		(Registered agent's s	ignature)			-

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:		
Address:	· .	
Director:		
Address:		
D. OFFICEDS		-
B. OFFICERS	ERNANI J. VERLANGIONI	
President:	3401 NE GOTH ST.	·
Address:	3901 NO GEVEL SG.	
	FT. LANDON ONE , FL 33334	
Vice President:	GISTLE VOKLONGIONI	-3 FIL
Address:	1401 NE 60Th ST	TO A
	FORT LANDSMUNIS, FL 33334	STA STA
Secretary:	Cima ilailanciai	<u> </u>
Address:	1401 NE 6004 St. PELDIDORMO FL 33334	
reasurer:		
Address:		
NOTE: If necessar	ry, you may attach an addendum to the application listing additional of	fficers and/or directors.
13. (Si	gnature of Chairman, Vice Chairman, or any officer listed in number 1	2 of the application)
14	Fair double ANC. Day	• • •
1T.	(Typed or printed name and capacity of person signing applicatio	on)

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRUE WAY LOGISTICS CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRUE WAY LOGISTICS CORP." WAS INCORPORATED ON THE SIXTEENTH DAY OF JANUARY, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



Harriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1683081

DATE: 03-22-02

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