F05000001309

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	∏ WAIT	☐ MAIL
		<u> </u>
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	<u>.</u>
rtified Copies	Certificates	of Status
rtified Copies	_ Certificates	of Status
		of Status
		of Status
Special Instructions to I	Filing Officer:	of Status
Special Instructions to I Name Availability	Filing Officer:	of Status
Special Instructions to F	Filing Officer:	of Status
Special Instructions to I Name Availability Document	Filing Officer:	of Status
Name Availability Document Examiner	Filing Officer:	
Name Availability Document Examiner	DCC Office Use On	



100042232011

U1/04/05--01022--008 **78.75

2005 MAR -2 P 3: I

OCC. Sign.

TRANSMITTAL LETTER

TO: Registration Section Division of Corporation			
SUBJECT: <u><i>C'0020</i></u>	Vinated Trans (Name of corpor	Portotion Sol ation - must include suffi	lufions, Inc
Dear Sir or Madam:			
			sact Business in Florida", renced foreign corporation to
Please return all correspon	ndence concerning this ma	tter to the following:	
Dow	sid white		
	(Name	e of Person)	
Coordi	rated Transpo	orfation Son	lufrous, Iuc
	(Firm/	(Company)	
200 Suain	Street, 2 na	F/002	ZI S
ansonia,	Street, 2 nd (A	ddress)	CRETA
	(City/Sta	ne and Zip code)	RY OF STA
Name of Person	-	3	and Profit
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399		MAILING ADDRE Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions
Enclosed is a check for the	e 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

TRANSMITTAL LETTER

TO:	Registration Section				
	Division of Corporations				
SUBJECT: Coordinated Transportation Solutions, Inc.					
	(Name of Corporation - must include suffix)				
Dear S	ir or Madam:				
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", and check are submitted to register the above referenced profit corporation to conduct its affairs in Florida.				
Please	return all correspondence concerning this matter to the following:				
	David White				
	(Name of Person)				
	Coordinated Transportation Solutions, Inc. (Firm/Company)				
	(I him company)				
	200 Main Street, 2nd Floor				
	(Address)				
	Ansonia, CT 06401				
	(City/State and Zip Code)				
For fu	ther information concerning this matter, please call:				
	gang a 18 h. Na O 18 Mar. An ann an a				
	a Goldshteyn at (203) 736-8810 ext 119 (Name of Person) (Area Code & Daytime Telephone Number)				
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P. 0. Box 6327 Tallahassee, FL 32314				
Enclos	ed is a check for the following amount:				
□ \$70	0.00 Filing Fee Status Status Status Status Status Status Status Status Certified Copy Certified				



January 12, 2005

DAVID WHITE COORDINATED TRANSPORTATION SOLUTIONS, IN 200 MAIN STREET, 2ND FLOOR ANSONIA, CT 06401

SUBJECT: COORDINATED TRANSPORTATION SOLUTIONS, INC.

Ref. Number: W05000001873

We have received your document for COORDINATED TRANSPORTATION SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Please complete the attached application. All I received was your transmittal letter and money.

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) 245-6913.

Letter Number: 505A00002413

Diane Cushing Document Specialist



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 16, 2005

DAVID WHITE COORDINATED TRANSPORTATION SOLUTIONS, IN 200 MAIN STREET, 2ND FLOOR ANSONIA, CT 06401

SUBJECT: COORDINATED TRANSPORTATION SOLUTIONS. INC.

Ref. Number: W05000001873

We have received your document for COORDINATED TRANSPORTATION SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6913.

Diane Cushing Document Specialist

Letter Number: 105A00011070

APPLICATION'BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Coordinated Transportation Solutions, Inc. (Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)				
2. Connecticut _ 3.06-1496806	_			
(State or country under the law of which it is incorporated) (FEI number, if applicable)				
s Perbetual				
4. Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")	-			
6. Have not yet conducted any business in Florida	i.			
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)				
000161 G. 10 171 4 1 0706604				
7. 200 Main Street, 2nd Floor, Ansonia, CT 06401 (Principal office address)	- · •			
(Timospai office audioss)				
same				
(Current mailing address)				
, -1				
8. To provide managed transportation services.				
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				
Name: Steven E. Jones				
Office Address: 11 Frontier Drive				
Office Address: 11 Frontier Drive				
Palm Coast Florida 32137	. 1			
(City) (Zip Code)				
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 ca acity.	Į.			
further agree to comply with the provisions of all statutes relative to the proper and complete performance oilmy dutic and I am familiar with and accept the obligations of my position as registered agent.	?S,			
and I am jamiliar with and accept the obligations of my position as registered agent.				
Charl & Knis				
(Registered Agent's signature)				

I 1. 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.

A. DIRECTORS			
Chairman: David White	· · · · · · · · · · · · · · · · · · ·		
Address: 15 poke Drife			
Wood bridge, CT 06525			
Woodbidge CT 06525 Vice Chairman: Sandra Iwame			
Address: 6 Mailey Ridge Rol			
Beacon Falls, CT			
Director:	· · · · · · · · · · · · · · · · · · ·		
Address:			
· · · · · · · · · · · · · · · · · · ·			
Director:			
Address:			
B. OFFICERS	2005 SECI		
President: David White			
Address: 1 Spoke Outre	SS 2		
Woodbeidge, CT 06525			
Vice President: Sandra Iwanee	ORA W		
Address: 6 Mailey Ridge Rd	> ω		
Beacon Falls, CF			
Secretary: Tom Cheesman	<u> </u>		
Address: 340 Main Street Middle town, C	CT 06457		
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additiona	l officers and/or directors.		
13.			
(Signature of Director or Officer listed in number 12 of the application	1)		
14. Quoid white President			
(Typed or printed name and capacity of person signing application)			

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that

COORDINATED TRANSPORTATION SOLUTIONS, INC.

incorporated under the laws of Connecticut is in existence.

Secretary of the State

Date Issued: December 30, 2004

SECRETARY OF STATE
TALLAHASSEF, FI COIDA