## F06000004634

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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(only-callo-2.pr tions //)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(=======,					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
Special includes on the Fining Sincer.					
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Office Use Only 1



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FILED

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SECRETARY OF STATE
TAILANASSEE, FLORIDA

1377,11

#### **COVER LETTER**

	lew Filing Section Division of Corporations		<del></del> .
SUBJEC	Zachary Trucking, Inc.		
COLCE		oration - must include suf	fix)
Dear Sir o	or Madam:		
"Certifica	osed "Application by Foreign Corporation to of Existence," and check are submitted business in Florida.		
Please ret	urn all correspondence concerning this m	atter to the following:	
J. Dou	iglas Cowart		
	(Nar	ne of Person)	
Lovett	, Cowart & Ayerbe. LLC		
	(Firr	n/Company)	
Post C	Office Box 185		
	(	Address)	
Macor	n, Georgia 31202		
	(City/S	tate and Zip code)	•
For furthe	er information concerning this matter, ple	ase call:	
J. Dou	glas Cowart at ( 47	78 , 476-4500	
(	Name of Person) (A	78 <u>) 476-4500</u> Trea Code & Daytime Te	lephone Number)
N D C 2	TREET/COURIER ADDRESS: lew Filing Section division of Corporations lifton Building 661 Executive Center Circle fallahassee, FL 32301	New Filin Division o P.O. Box	of Corporations
Enclosed	is a check for the following amount:		
\$70.00	Filing Fee \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee of 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.

· · — — — — — — — — — — — — — — — — — —	rucking, Inc.		
	corporation; must include "INCORPORATED forp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	
Zachary A	dam Trucking, Inc.		THE HOLD OF
(If name unavail	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business i	11.1.1011114
. Georgia	3	<sub>3.</sub> 20-4052773	The state of the s
	under the law of which it is incorporated)	(FEI number, if applicable)	
June 26, 2006		5. Perpetual	3
(Date of incorporation)		(Duration: Year corp. will cease to exist or "pe	rpetual")
•			
		s in Florida, if prior to registration)	
2600 Vince	1/1	1502, F.S., to determine penalty liability)	
3608 Vine		Da. 31004	
0000 \ //	(Principal office ac	ddress)	
3608 Vine	ville Avenue Macor	1 Da. 31204	
	(Current mailing ac	ddress)	
Trucking			
	s) of corporation authorized in home state or	country to be carried out in state of Florida)	
Name and stree	et address of Florida registered agent: (P	O Boy NOT acceptable)	
	Daniel Adam	Discourage in the interest in	<b>6</b>
Name:			CRE _
Office Address:	2732 Old River Rd.		
	Jacksonville	Florida 32223	O M
	(City)	, Florida 32223 [##	
O Pagistared o	gent's acceptance:		Σ ω. Σ ω.
		vice of process for the above stated corporation	iΠ ω on at the place
lesignated in this	application, I hereby accept the appoin	tment as registered agent and agree to act in	this capacity.
	omply with the provisions of all statutes with and accept the obligations of my p	relative to the proper and complete performa	ince of my duti
na i um jumiliur	with and accept the obligations of my p	osition as registerett agent.	
	Dail Alla		
_	(Registered agent's signature	e)	

<sup>11.</sup> 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		FILED
Chairman: Daniel Adam	06	JUL 10 PH 3: 35
Address: 2732 Old River Rd.	SEC	RETARY OF STATE
Jacksonville, Florida 32223	TALL	RETARY OF STATE AHASSEE, FLORIDA
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		· · · · · · · · · · · · · · · · · · ·
B. OFFICERS		
President: Daniel Adam		
Address: 2732 Old River Rd.		
Jacksonville, Florida 32223		
Vice President:		
Address:		
Secretary: Daniel Adam		
Address: 2732 Old River Rd., Jacksonville, FL 32223		
Treasurer: Daniel Adam		
Address: 2732 Old River Rd., Jacksonville, FL 32223		
NOTE: If necessary, you may attach an addendum to the application listing additional	officers a	and/or directors.
13. (Signature of Director or Officer listed in number 12 of the applied	cation\	
Daniel Adem Breeident	canon)	•
(Typed or printed name and capacity of person signing application)	tion)	

## STATE OF GEORGIA

### Secretary of State

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

# CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### ZACHARY TRUCKING, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 06/26/2006 in Georgia. 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 6th day of July, 2006

Cathy Cox Secretary of State

Certification Number: 165709-1 Reference:

Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp