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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: All States Transport, Inc. (Name of corporation - must include suffix)
(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:
William T. Kingston To
William J. Kingston, IR (Name of Person)
All States Transport, Inc (Firm/Company)
Spring Field MA 01138 (City/State and Zip code)
(Address)
Springtield MA 01138
(City/State and Zip code)
For further information concerning this matter, please call:
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(Name of Person) at (413 ) 737 1402 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle  Tallahassee, FL 32314  Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy



### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 20, 2007 ·

WILLIAM J. KINGSTON, JR. ALL STATES TRANSPORT, INC. PO BOX 80029 SPRINGFIELD, MA 01138

SUBJECT: ALL STATES TRANSPORT, INC.

Ref. Number: W07000013665

We have received your document for ALL STATES TRANSPORT, 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):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is 42 300. penalty fees is \$2,300: 1300 - 00

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

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) 245-6933.

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Letter Number: 007A00019242

5/28/07

# 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. HII States ransport, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) MASSachusetts (State or country under the law of which it is incorporated) (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) 2005 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) All States Transport, Inc. Pobek 80029 Skingfield MA 01138 (Current mailing address) 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 NOT acceptable) Name: LAVERS Circle # 10+ 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. (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: FILED A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS Address: \_\_\_\_\_21 Longmeadow MA 01028 Vice President: 5 Ama As President Address: Secretary: Same as President Treasurer: Same As President Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14.

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



# The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

February 15, 2007

TO WHOM IT MAY CONCERN:

I hereby certify that

#### ALL STATES TRANSPORT, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **OCTOBER 26, 1987**.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Francis Galein

Secretary of the Commonwealth