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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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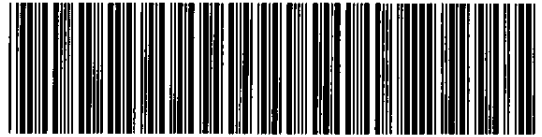
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2008 JUN 20 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CG 5-19

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: UTi Transport Solutions-InTransit aka InTransit, Inc.

(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:

Larry Friend

(Name of Person)

UTi Transport Solutions-InTransit aka InTransit, Inc.

(Firm/Company)

P O Box 1767

(Address)

Medford, OR 97501

(City/State and Zip code)

For further information concerning this matter, please call:

Larry Friend

(Name of Person)

at (541) 770-1376

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2008

LARRY FRIEND
P.O. BOX 1767
MEDFORD, OR 97501

SUBJECT: UTI TRANSPORT SOLUTIONS-INTRANSIT AKA IN TRANSIT, INC.
Ref. Number: W08000024838

We have received your document for UTI TRANSPORT SOLUTIONS-INTRANSIT AKA IN TRANSIT, 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Your certificate of existence should only be in the corporate name. Your assumed name must be filed as a fictitious name filing.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
New Filing Section

Letter Number: 808A00031725

**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.

1. **InTransit, Inc.**
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- UTI Transport Solutions - Intransit Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. **Oregon** 3. **93-0695163**
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. **11-28-1977** 5. **Perpetual**
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. **05-05-2008**
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. **3525 Excel Drive, Medford, OR 97504**
(Principal office address)
- P O Box 1685, Medford, OR 97501**
(Current mailing address)
8. **Freight Transportation Arrangement**
(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: **Richard Delseni**
- Office Address: **12200 N.W. 25th Street Suite# 115**
- Miami**, Florida **33182**
(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 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.

FILED
2006 JUN 20 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

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2000 JUN 20 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS.

Chairman **Bill Gates**

Address: **P O Box 1685**
Medford, OR 97501

Director **John Hextall**

Address: **P O Box 1685**
Medford, OR 97501

Director: **Gene Ochi**

Address: **P O Box 1685**
Medford, OR 97501

Director: **Gary M. Wilson**

Address: **P O Box 1685**
Medford, OR 97501

B. OFFICERS

Director/

President: **Don Farthing**

Address: **P O Box 1685**
Medford, OR 97501

Vice President:

Address:

Secretary: **Steven McClure**

Address: **P O Box 1685**

Treasurer: **Medford, OR 97501**

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. **Don Farthing, President**
(Typed or printed name and capacity of person signing application)

CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

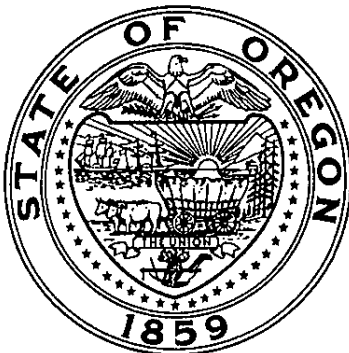
I, BILL BRADBURY, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

UTI TRANSPORT SOLUTIONS-INTRANSIT
an Assumed Business Name, was registered on
January 19, 2007.

The registration is active on the records of the Corporation Division as of
the date of this certificate for
all counties.

I further certify that the registrant is:

INTRANSIT, INC.
3525 EXCEL DR
MEDFORD OR 97501



*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*

BILL BRADBURY, Secretary of State

By Debra L. Virag

Debra L. Virag

May 1, 2008