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(Req	uestor's Name)	<del></del>		
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Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

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SECKETARY OF STATE
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#### **COVER LETTER**

TO: New Filing Section Division of Corporations	<b>—</b>							
SUBJECT: Fullspeed Logistics, Inc.	SURJECT: Fullspeed Logistics, Inc.							
Name of corporation - must include suffix								
Dear Sir or Madam:								
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by								
Please return all correspondence concerning this m	natter to the following:							
Monty Manos								
	ne of Person							
Fullspeed Logistics, Inc.								
	Company							
818 U.S. Hwy One Suite #7								
	Address							
North Palm Beach, Fl. 33408								
City/St	ate and Zip code							
montym@fullspeed-logistics.com								
	sed for future annual report notification)							
For further information concerning this matter, ple	ase call:							
Monty Manos at (561) 670-8778								
Monty Manos  at (561) 670.8778  Name of Person  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 Certificate of Status	\$78.75 Filing Fee & Certified Copy  \$87.50 Filing Fee, Certificate of Status & Certified Copy							



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

September 6, 2011

MONTY MANOS FULLSPEED LOGISTICS, INC. 818 U.S. HWY ONE, SUITE #7 NORTH PALM BEACH, FL 33408

SUBJECT: FULLSPEED LOGISTICS, INC.

Ref. Number: W11000045886

We have received your document for FULLSPEED LOGISTICS, 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.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 811A00020615

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

INGOMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

all aru	iispeea Log	isucs, inc.				
≹'(Ent	er name of c	orporation; must include "INCO	RPORATED	," "COMPANY," "CORPORATION,"		
Inc	,," "Co.," "C	orp," "Inc," "Co," or "Corp.")				
	, Ì					
e (liji	ame unavail	ble in Florida, enter alternate co	rporate name	adopted for the purpose of transacting b	usiness in Florida)	
S Da	l laware			45-3004027		
عسے مت		under the law of which it is incor		(FEI number, if applica	hle)	
			•	•	010)	
<u>40.8</u>	$\frac{3}{16}/20$		5.	perpetual		
	(Date	of incorporation)		(Duration: Year corp. will cease to ex	ist or "perpetual")	
6						
	•			n Florida, if prior to registration)		
د های های این از این پیدالانگیرین				502, F.S., to determine penalty liability)		
47. <u>818</u>	3 U.S. H	wy One Suite #7, Nor			<u> </u>	
		(Princip	pal office add	lress)		
* <u>Sa</u>	me					
P P P		(Curren	t mailing add	lress)	•	
		•				
8. <b>E</b> ñ				eneral Corp Law Of Delay		
11	(Purpose(s	of corporation authorized in ho	me state or co	ountry to be carried out in state of Florida	a) Es = =	
O/No	ne and stree	t address of Florida registered	agent (P (	) Boy NOT acceptable)	SE SE	77
	ne mia <u>succ</u>	<del>-</del>	agont. (1.c	5. Box <u>itor</u> acceptable)	HE P	مند مست
da Za T	Name:	Monty Manos			SS 8	1.24
	A 4.4	818 U.S. Hwy One #7			P. P.	FILED
Unice	Address:	O TO O.O. TIMY Offer			<u> </u>	
		North Palm Beach		, Florida 33408 (Zip code)	1 SEP 16 PH 3: 35 SECRETARY OF STATE ALLAHASSEE, FLORID	ı
		(City)		(Zip code)	DA DA	,
in D	orietarad as	ent's acceptance:				
			accept servi	ice of process for the above stated co	rporation at the p	lace
design	ated in this	application, I hereby accept t	the appoints	nent as registered agent and agree to	act in this capac	ity. I
				elative to the proper and complete p	erformance of my	duties,
and I a	ım familiar	with and accept the obligatio	ns of my po	sition as registered agent.		
Maria de la Companya		- //				
	1	4/10				
	_	<b>Y</b> </td <td></td> <td></td> <td><del>-</del></td> <td></td>			<del>-</del>	
		(Registered agen	t's signature)	)		

1. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to in the interpretation of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction independent of the secretary of State or other official having custody of corporate records in the jurisdiction independent of the secretary of State or other official having custody of corporate records in the jurisdiction in the secretary of this application is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the secretary of the

12. Names and business addresses of officers and/or directors: FILED A. DIRECTORS Chairman: Monty R. Manos 11 SEP 16 PM 3: 35 Address: 818 U.S. Hwy One #7 SECRETARY OF STATE TALLAHASSEE FLORIDA North Palm Beach, Fl.33408 Vice Chairman: Address: Address: \_\_\_\_\_\_ **B. OFFICERS** President: Monty R. Manos Address: 818 U.S. Hwy One #7 North Palm Beach, Fl.33408 Vice President: Address: Secretary: \_\_\_ Address: \_\_\_ Treasurer: Address: NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Mouty R. MANOS

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

# Delaware PAGE 1 FILED

#### The First State

PAGE 1 FILED

11 SEP 16 PM 3: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FULLSPEED LOGISTICS INC." 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-NINTH DAY OF

AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FULLSPEED LOGISTICS INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF AUGUST, A.D. 2011.

5025320 8300

110960401

AUTHENTICATION: 8996763

DATE: 08-29-11

You may verify this certificate online at corp. delaware. gov/authver. shtml