

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000225045 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Transport Service CO.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

RE-SUBMIT

Please retain original filing
date of submission 9/13

PS 9/20/11 9/13/2011

RECEIVED
11 SEP 20 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 SEP 13 PM 1:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS



September 15, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: TRANSPORT SERVICE CO
REF: W11000047652

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P09000006342 TRANSPORT SERVICES INC.

If you have any further questions concerning your document, please call (850) 245-6929.

Justin M Shivers
Regulatory Specialist II
New Filing Section

FAX Aud. #: H11000225045
Letter Number: 911A00021356

RE-SUBMIT
Please retain original filing
date of submission 9/13

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: TRANSPORT SERVICE CO.

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," or "Certificate of Good Standing" 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:

Tonya Masters

Name of Person

TRANSPORT SERVICE CO.

Firm/Company

4366 Mt. Pleasant Street, NW

Address

North Canton, OH 44720

City/State and Zip code

tmasters@thekug.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tonya Masters

at (330) 409-1120

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

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

11 SEP 13 PM 1:32

**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. TRANSPORT SERVICE CO.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ino.," "Co.," or "Corp.")

Transport Service of Illinois Co.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. IL 3. 36-2068781
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 5/25/1946 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 4366 Mt. Pleasant St., NW North Canton, OH 44720
(Principal office address)

(Current mailing address)
8. for-hire motor carrier
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.
C T Corporation System

By: Joyce Gilbert
(Registered agent's signature) **Joyce Gilbert, Asst. Secretary**

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.

11 SEP 13 PM 1:32

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Carl Young

Address: 4366 Mt. Pleasant St., NW North Canton, OH 44720

Director: Dennis Nash

Address: 4366 Mt. Pleasant St., NW North Canton, OH 44720

B. OFFICERS

President: Dennis Nash

Address: 4366 Mt. Pleasant St., NW North Canton, OH 44720

Vice President: Gerald Hoover

Address: 4366 Mt. Pleasant St., NW North Canton, OH 44720

Secretary: Carl Young

Address: 4366 Mt. Pleasant St., NW North Canton, OH 44720

Treasurer: _____

Address: _____

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

13. _____

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. Gerald Hoover, VP of Finance

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

File Number 2888-219-0

11 SEP 13 PM 1:32



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

TRANSPORT SERVICE CO., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 25, 1946, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1125602420

Authenticate at: <http://www.cyberdriveillinois.com>

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of SEPTEMBER A.D. 2011 .

Jesse White

SECRETARY OF STATE