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| (Requestor's Name) | | |
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| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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SCCRETARY OF STATE ON THE STATE OF THE STATE

12/14/11

COVER LETTER

| TO: New Filing Section Division of Corporations | |
|--|---------------|
| SUBJECT: CONWARD BUS SERVICE 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," 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: | |
| Julia M. Conway | |
| County's Bus Service, INC. | |
| P.O. Box 38081 2 | |
| Address | |
| Mia'Hi, F1, 33138 | |
| City/State and Zip code Coduant & bell South. wet E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Name of Person Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: MAILING ADDRESS: | を表記 |
| | , 50 , – (|
| Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 | 7 QF |
| Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 | FAIR |
| Enclosed is a check for the following amount: | |
| \$70.00 Filing Fee \$\text{Certificate of Status}\$ \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy}\$\$\$ Certified Copy | |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

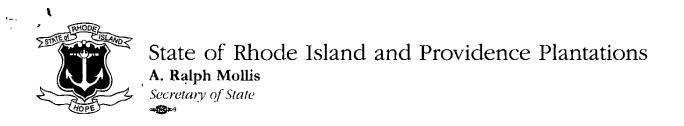
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

| (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. December 3 (0, 1975 5. perpetual (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 10 Nate Whipple Highway, Cumberland, RI 02864 (Principal office address) (Current mailing address) (Current mailing address) 8. To engage in any activity or business permitted under the laws of Florida (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: Steven K. Baird, P.A. 5981 N.E. 6th Avenue |
|--|
| (If name unavailable in Fibrida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Rhode Island 3. 05-0366383 (State or country under the law of which it is incorporated) 4. December 30, 1975 5. perpetual (Date of incorporation) 6. N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 10 Nate Whipple Highway, Cumberland, RI 02864 (Principal office address) 10 Nate Whipple Highway, Cumberland, RI 02864 (Current mailing address) 8. To engage in any activity or business permitted under the laws of Florida (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) Steven K. Baird, P.A. |
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| Name: Steven K. Baird, P.A. 5981 N.E. 6th Avenue |
| 5981 N.E. 6th Avenue |
| 5981 N.E. 6th Avenue |
| |
| Miami 33137 |
| (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 plac designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my du 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: | SECHETARY OF STATE |
|---|---|
| A. DIRECTORS | DIVISION OF CORPORATION. |
| Chairman: Eugene R. Conuay | 2811 DEC 12 PM 3: 54 |
| Address: 10 Nate Whipple Highway | |
| CUMBERIAND R. J. 62864 | |
| Vice Chairman: Peter D. CONLUAY | |
| Address: 10 Nate Whipple Highway | |
| CUMBERIANA K. T. of 864 | / |
| Director: To be Ret L. CONWALL | |
| Address: 10 Nate Luhipple Highway | |
| CHMBERIANOL, R. I. 0286 | 4 |
| Director: Rita M. Conwall | |
| Address: 10 Nate Whipptet Highway | |
| CUMBERIANDO R. F. 0786 | 4 |
| B. OFFICERS | |
| President: Eugene R. Conway | |
| Address: (2Ang) | <u> </u> |
| | |
| Vice President: Feter, D. Conway | |
| Address: Address: | |
| | |
| Secretary: Rita M. Conway | |
| Address: | |
| Treasurer: Rita M. Conway | |
| Address: Dame + | |
| NOTE: If necessary, you may attach an addendum to the application listing additional office | rs and/or directors. |
| 13. Liter C | |
| Signature of Director or Officer The officer or director of circuits this document (or director or Officer). | |
| The officer or director signing this document (and who is listed in number 12 above) affirms are true and that he or she is aware that false information submitted in a document to the Department degree felony as provided for in s.817.155, F.S. | that the facts stated herein artment of State constitutes a |
| | Vice President |
| 14. Peter D. Conway - Vice Chairman (Typed or printed name and capacity of person signing application) | YILL I KESICLENI |



Certification Number: 11102144010

The office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

Conway's Bus Service, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on

December 30, 1975

Effective

December 30, 1975

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the State of Rhode Island.

SIGNED AND SEALED ON

Thursday, October 27, 2011

Secretary of State

Authorized Agent