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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-Busob FEB 15 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: CAVALIER INTERNATIONAL AIR FREIGHT 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:

LOUIS J GALLIPOLI

Name of Person

CAVALIER LOGISTICS

Firm/Company

11 ALLEN STREET

Address

TOMS RIVER, NJ 08753

City/State and Zip code

LGALLIPOLI@CAVLOG.COM

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

For further information concerning this matter, please call:

LOUIS J GALLIPOLI

Name of Person

at (732) 473-9100

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

**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. CAVALIER INTERNATIONAL AIR FREIGHT INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- CAVALIER LOGISTICS
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. NEW JERSEY 3. 22-2582857
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11-19-1984 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. 250 SHEFFIELD AVENUE, MOUNTAINSIDE, NJ 07092

(Principal office address)

11 ALLEN STREET, TOMS RIVER, NJ 08753

(Current mailing address)

8. ACCOUNTING SUPPORT

(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: JENNIFER REID

Office Address: 128 SPRING DRIVE

ROTUNDA WEST

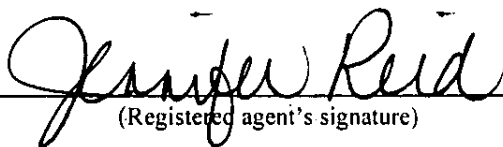
(City)

, Florida 33947

(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: TIMOTHY HOLDAWAY

Address: 20998 SCARLET RUSH COURT
ASHBURN, VA 20147

Vice President: DORA GALLIPOLI

Address: 109 CEDAR ROW
TOMS RIVER, NJ 08753

Secretary: _____

Address: _____

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. TIMOTHY HOLDAWAY, PRESIDENT

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
SHORT FORM STANDING

CAVALIER INTERNATIONAL AIR FREIGHT INC.

0100242441

With the Previous or Alternate Name

CAVALIERE INTERNATIONAL AIR FREIGHT INC. (Previous Name)
CAVALIER LOGISTICS (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on November 19, 1984.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Louis J Gallipoli
11 Allen Street
Toms River, NJ 08753 7601



Certification# 122510890

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
23rd day of December, 2011

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp