# F12000003751

(Re	questor's Name)	
(Ad	dress)	
- (Ad	dress)	
,	,	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
No	m3	
	Office Use Onl	v



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### **COVER LETTER**

TO:	O: New Filing Section Division of Corporations				
SUBJ	ЕСТ:	NOLAN TRANSPOR	ATATION GROUP, ation - must include suffix	INC.	
Dear S	ir or Madam:				
"Certif	ficate of Existence		for Authorization to Transact Standing" and check are submisiness in Florida.		
Please	return all corresp	ondence concerning this m	atter to the following:		
		KEVIN	Mol AV e of Person		
		NOLAN TRA	SPORTATION GROUP	, INC.	
		Firm/	Company		
		1517 JUHNSO	SPORTATION (NOU) Company N FERRY ROAD,	Sulte 200	
		Α	Address		
		MARIETTA	GA 3006Z ate and Zip code		
		City/Sta	ate and Zip code		
		admin @ ntgfi	reight. com sed for future annual report no		
		E-mail address: (to be u	sed for future annual report no	tification)	
For fu	rther information	concerning this matter, plea	ase call:		
	FRITZ OWE	at (	70 <u>509 - 9611</u> rea Code & Daytime Telepho		
	Name of Person	1 A	rea Code & Daytime Telepho	ne Number	
	New Filing Sect Division of Cor Clifton Building 2661 Executive	porations 3 Center Circle	MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	
Enclos	Tallahassee, FL	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.	NOLAN TRANSPORTATION GROUP, LNC.	S	
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ECRETAR LLABOS	2 SEP 12
		in Florida	_ TO
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business		
2.	State or country under the law of which it is incorporated)  3. 59-3812193 (FEI number, if applicable)	<u> </u>	-:. :
(	State or country under the law of which it is incorporated) (FEI number, if applicable)	1.11	ĽΛ
4.	7/21/2005  (Date of incorporation)  5. Perpetual (Duration: Year corp. will cease to exist or "		
	(Date of incorporation) (Duration: Year corp. will cease to exist or "	perpetual")	-
6.	7/23/2012		
υ.	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		-
7	1517 Juhnson Ferry Road Sink Zoo Manietta UA 30	062	_
_	1517 Juhnson Ferry Road Sink Zoo Manietta UA 30 (Principal office address)  1517 Juhnson Ferry Road Soik Zoo Manietta GA Zoo (Current mailing address)	<b>%</b> г	_
	(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: ENIK SHARPEE		
Off	fice Address: 1300 N. SEMORAN BOULEVARD, SUJTE 135		
	Οριανδο , Florida 32807 (City) (Zip code)		
	(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)

(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: A. DIRECTORS Chairman: Kenn Ben Frankin Ct. Address: Vice Chairman: \_\_\_\_ Address: \_\_\_ Director: Address: \_\_\_\_ Director: \_\_ Address: \_\_\_\_ B. OFFICERS President: KEVIN Address: \_\_\_\_ Same as Vice President: 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. Nolan Chairan/ Robert

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

Control No. 0550756

## STATE OF GEORGIA

### Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### NOLAN TRANSPORTATION GROUP, INC.

#### **Domestic Profit Corporation**

was formed or was authorized to transact business on 07/21/2005 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 11th day of September, 2012

B: P.h.

Brian P. Kemp Secretary of State

Certification Number: 9311248-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp