(Re	questor's Name)	
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· (Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

W13000044017



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of 8/13/13

COVER LETTER

Division of Corporations SUBJECT: Titan len	eminal and Transp	oret, I			
	on - must include suffix	 _			
Dear Sir or Madam:					
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Standove referenced foreign corporation to transact busing	anding" and check are submitted to registe				
Please return all correspondence concerning this matter.	er to the following: Colasuvdo	•			
Name of	f Person				
Titan Terminal as	nd Ivansport, In	C			
Firm/Co	mpany				
4570 Ardine	Street				
Add	ress				
South Gate,	CH 90280				
South Gate, Susan 2 City/State Tital	and Zip code n terminal, com				
E-mail address: (to be used	for future annual report notification)				
For further information concerning this matter, please	call:				
Name of Person Area	592-3536	_			
Name of Person Area	Code & Daytime Telephone Number				
		ა			
STREET/COURIER ADDRESS:	MAILING ADDRESS:	<u></u> 6			
New Filing Section	New Filing Section	–			
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327					
266! Executive Center Circle Tallahassee, FL 32314					
Tallahassee, FL 32301		AMIO: OO			
Enclosed is a check for the following amount:		טאט.			
\$70.00 Filing Fee	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee & Certified Copy Certificate Certified C	of Status &			

FILED
SECRETARY OF STATE
DIVISION OF GORPORATIONS

13 AUG -7 AM 10: 00

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2013

SUSAN COLASURDO 4570 ARDINE STREET SOUTH GATE, CA 90280

SUBJECT: TITAN TERMINAL AND TRANSPORT, INC.

Ref. Number: W13000044017

We have received your document for TITAN TERMINAL AND TRANSPORT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 013A00018891

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREI (Enter name of corp	IGN CORPORATION TO	O TRANSACT BUSIN	TES, THE FOLLOWING TESS IN THE STATE OF LMS PORT, IN MPANY," "CORPORATION	FLORIDA.	ro
(State or country und	ORNIA. er the law of which it is inc	orporated) 3.	for the purpose of transaction: Year corp. will cease	6646 plicable)	
	(SEE SECTIONS 607 1-13 A11 (Prince) (Current)	7.1501 & 607.1502, F.S. Porthodipal office address) Standard South ent mailing address)	a, if prior to registration) b., to determine penalty liab #120, Pony Gafe, C. Executive	k Vedra 1. A 9028	
(Purpose(s) of Name and <u>street ad</u> Name: flice Address:	corporation authorized in hodress of Florida register Teff Mill 218 Salf C Ponfe Vedra (City)	ed agent: (P.O. Box Ver Veck Is/a	NOT acceptable) and Dr.	lorida)	SECHETARY OF STATE DIVISING OF CORPORATIONS 13 AUG -7 AM In: DO
signated in this app rther agree to comp	s registered agent and the lication, I hereby acceptly with the provisions of the with and accept the	t the appointment as f all statutes relative	rocess for the above sta s registered agent and ag to the proper and comp osition as registered age	gree to act in this lete performance	t the place capacity. I

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:

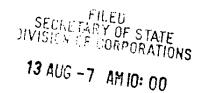
FILED SECRETARY OF STATE DIVISIES OF CORPORATIONS

 (11111100	unu	Ottollicoo	tititi onson	())	OTHECTS	and/OI	CIT COLOTS

A. DIRECTORS

Chairman:	13 AUG -7	00 :01 MA
Address:		
Vice Chairman:		
Address:		
Director:		
Address:		
Director:		
Address:		
B. OFFICERS		
Address: Barry Love Address: 4570 Ardine St.		
South Gafe, CA	30280	
/ice President;		
Address:		
secretary: Jeff Miller		
address: 4570 Andine St.,	South Gate, CA 9	30280
reasurer: TEFF Wulff		
reasurer: TEFF WULFF Address: 4570 Ardine St., S	outh Gate CA	90280
NOTE: If necessary, you may attach an addendum to the application	on listing additional officers and/or dir	ectors.
Signature of Director or five torsigning this document (and who is listed in rare true and that he or she is aware that false information submitted third degree felony as provided for in s.817.155, F.S.	number 12 above) affirms that the facts in a document to the Department of St	
4. Barry Love (Typed or printed name and capacity of per	President	
(Typed or printed name and capacity of per	rson signing application)	

State of California Secretary of State



CERTIFICATE OF STATUS

ENTITY NAME:

TITAN TERMINAL AND TRANSPORT, INC.

FILE NUMBER:

C1893738

FORMATION DATE:

07/15/1994

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 17, 2013.

DEBRA BOWENSecretary of State