

F15000003869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

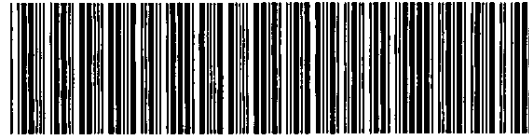
(Document Number)

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Special Instructions to Filing Officer:

NO CERT. WIS-53457

Office Use Only



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2015 AUG 31 P 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

SEP 02 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2015

LEONARD WRIGHT
2444 FORREST PARK ROAD SE
ATLANTA, GA 30315

SUBJECT: INPAX SHIPPING SOLUTIONS INC
Ref. Number: W15000053457

We have received your document for INPAX SHIPPING SOLUTIONS INC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 815A00016708

COVER LETTER

TO: Registration Section
Division of Corporations
Inpax Shipping Solutions, Inc

SUBJECT: _____
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:
Leonard Wright

_____	Name of Person
Inpax Shipping Solutions Inc	
_____	Firm/Company
2444 Forrest Park Rd SE	
_____	Address
Atlanta, GA 30315	
_____	City/State and Zip code
LWright@ShipInpax.com	

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

For further information concerning this matter, please call:

David Williams	770	616-3280
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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.*

Inpax Shipping Solutions Inc

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

ShipInpax Solutions

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
Georgia 47-2595836

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
12/19/2014

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
8/1/2015

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

2444 Forrest Park Rd SE, Atlanta, GA 30315

7. _____
(Principal office address)
2444 Forrest Park Rd SE, Atlanta, GA 30315

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Jim Pardee

Name: _____

500 Oakes Rd, Suite A

Office Address: _____

Davie

33314

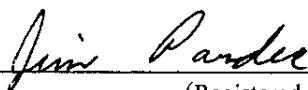
(City)

, Florida (Zip code)

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TALLAHASSEE, FLORIDA

9. 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)

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

A. DIRECTORS

Leonard Wright
Chairman: _____
2444 Forrest Park Rd SE
Address: _____
Atlanta, GA 30315

Morgan Wright
Vice Chairman: _____
2444 Forrest Park Rd SE
Address: _____
Atlanta, GA 30315

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

Leonard Wright
President: _____
2444 Forrest Park Rd SE
Address: _____
Atlanta, GA 30315

Vice President: _____
Address: _____

Morgan Wright
Secretary: _____
2444 Forrest Park Rd SE, Atlanta, GA 30315

David Williams
Treasurer: _____
2444 Forrest Park Rd SE, Atlanta, GA 30315
Address: _____

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

12. David Williams
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

David Williams, Treasurer
13. _____
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Control Number : 15001448

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

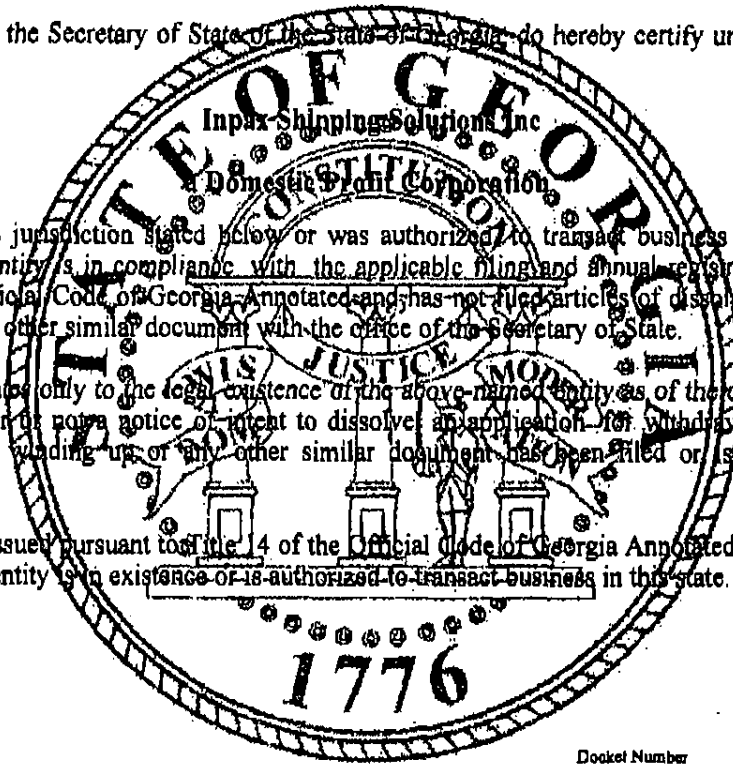
I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Inpax Shipping Solutions Inc
a Domestic Profit Corporation

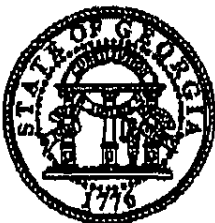
was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, 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.



Docket Number	: 12149988
Date Inc/Auth/Filed	: 12/05/2014
Jurisdiction	: Georgia
Print Date	: 9/2/2015
Form Number	: 211



B. P. Kemp

Brian P. Kemp
 Secretary of State

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

ANNUAL REGISTRATION

Electronically Filed
Secretary of State
Filing Date: 9/2/2015 9:34:39 AM

CONTROL NUMBER 15001448
BUSINESS NAME Inpax Shipping Solutions Inc
BUSINESS TYPE Domestic Profit Corporation
EFFECTIVE DATE 12/05/2014

ADDRESS 2444 Forrest Park Rd SE, Atlanta, GA, 30354, USA

NAME **ADDRESS**
Leonard Wright 2444 Forrest Park Road , Atlanta , GA, 30315, USA

NAME	TITLE	ADDRESS
David Williams	CFO	2444 Forrest Park Rd SE, Atlanta, GA, 30315, USA
Leonard Wright	CEO	2444 Forrest Park Rd SE, Atlanta, GA, 30215, USA
Morgan Wright	SECRETARY	2444 Forrest Park Rd SE, Atlanta, GA, 30315, USA

AUTHORIZER SIGNATURE Leonard Wright
AUTHORIZER TITLE Registered Agent



B. P. Kemp
Brian P. Kemp
Secretary of State