

FILE0000000638

(Requestor's Name)

(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:

Office Use Only



600281907876

02/11/16--01020--004 **70.00

RECEIVED
2016 FEB 11 AM 9:51
TALLAHASSEE, FLORIDA

FEB 12 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Colonial Transport, 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:

David MacCormack

Name of Person

Colonial Transport, Inc.

Firm/Company

937 Mirror Lake Dr

Address

St. Augustine, FL 32086

City/State and Zip code

dave.colonialsc@gmail.com

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

For further information concerning this matter, please call:

Greg Crawford, CPA

at (540) 662-3417

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:

- ☒ \$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. Colonial Transport, Inc.

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

Colonial Transportation, Inc.

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

2. West Virginia 3. 55-0705582

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 1/31/1991

5. _____

(Date of incorporation)

(Date of duration, if other than perpetual)

6. 01/31/2016

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

7. 937 Mirror Lake Dr., St. Augustine, FL 32086

(Principal office address)

(Current mailing address, if different)

2006 FEB 11 AM 9:51
RECEIVED
FLORIDA
TALLAHASSEE

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

Name: David M. MacCormack

Office Address: 937 Mirror Lake Dr

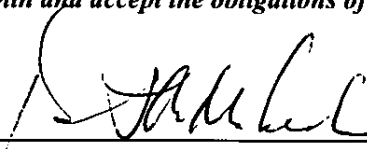
St. Augustine, Florida 32086

(City)

(Zip code)

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

Chairman: David M. MacCormack

Address: 937 Mirror Lake Dr

St. Augustine, FL 32086

Vice Chairman: _____

Address: _____

Director: David MacCormack

Address: 937 Mirror Lake Dr

St. Augustine, FL 32086

Director: _____

Address: _____

B. OFFICERS

President: David M. MacCormack

Address: 937 Mirror Lake Dr

St. Augustine, FL 32086

Vice President: David M. MacCormack

Address: 937 Mirror Lake Dr

St. Augustine, FL 32086

Secretary: Ellen J. MacCormack

Address: 937 Mirror Lake Dr, St. Augustine, FL 32086

Treasurer: Ellen J. MacCormack

Address: 937 Mirror Lake Dr, St. Augustine, FL 32086

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

12. _____

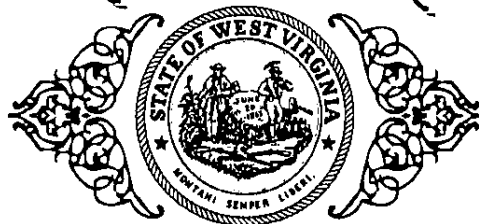
Signature of Director or Officer

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.

13. David M. MacCormack, President

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

State of West Virginia



Certificate

*I, Natalie E. Tennant, Secretary of State of the
State of West Virginia, hereby certify that*

COLONIAL TRANSPORT, INC.

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on January 31, 1991.

I further certify that the corporation has not been revoked by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE

Validation ID:8WV16_TMRFM



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
January 20, 2016*

Natalie E. Tennant

Secretary of State