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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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SECTION OF SECTION OF

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January 29, 2016

SIGNE CREASON PO BOX 884 PELAHATCHIE, MS 39145

SUBJECT: RANKIN QUALITY LOGISTIC INCORPORATED

Ref. Number: W16000006478

We have received your document for RANKIN QUALITY LOGISTIC INCORPORATED and your check(s) totaling \$70.00. 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.

Please return 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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 216A00002003

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kankin Quality Logistus 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:
Siane Creason
Name of Person
Kankin Guality Wayshus Inc.
PO Box 884 Firm/Company
Address
relahatchie MS 31145
City/State and Zip code
CSr@rg/Smart.com
Expail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Signa Cross (00) 854 5/001
Name of Person Area Code Daytime Telephone Number
Name of Ferson Thea Code Daytime Forephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy
850-932-2735 Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	
(Enter name of corporation; must include "INGORPORATED," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. US 3. 210-17711097	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
(Date of incorporation) (Date of duration, if other than perpetual)	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	7145
(Principal office address)	1117
(Current mailing address, if different)	
3. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	西省 富
Name: Tim LSmith	AHA HEB
Office Address: 5008 GILLF BROZE PRWY WITH BLO	
GIULF Breeze, Florida 32503	
(City) (Zip code)	質問り
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the p	
lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capac Further agree to comply with the provisions of all statutes relative to the proper and complete performance of my luties, and I am familiar with and accept the obligations of my position as registered agent.	

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	_
Address:	_
Vice Chairman:	
Address:	
Director: Tim Smith	
Address: PO BOX 953	
Pelanatonie lus 39145	
Director: Chris Tadlock	
Address: 11896 Morton Marathon Rd	
FINEST MS 39014	
B. OFFICERS	
President: Tim L Smith	
Address: PO Box Q53	
Pelametrhia US 39145	
Vice President: NNS TOOLOOK	-
Address: 11896 Morton Marathon Rd 33	
Gras US 39004	_
Secretary: Rhonda Smith	_
Address: PO Box 953 Pelanat the US 39145	
Treasurer: Rhonda Smith	
Address: POBOX 953 Pelanatonie MS 39145	
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 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. (Typed or printed name and capacity of person signing application)	
, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	



DELBERT HOSEMANN Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 17th day of January, 2008, the State of Mississippi issued a Charter/Certificate of Authority to

RANKIN QUALITY LOGISTICS, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said Rankin Quality Logistics, Inc. is in good standing at this time.

Given under my hand and seal of office the 8th day of February, 2016

C. Delbert Hosemann, Jr. Secretary of State

Certificate Number: CN16019631

Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx