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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 28 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kodiak Trucking, 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:

James L. Truslow

Name of Person

Attorney at Law

Firm/Company

5600 Post Road - Suite 114-104

Address

East Greenwich, RI 02818

City/State and Zip code

truslowlaw@gmail.com

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

For further information concerning this matter, please call:

James L. Truslow

at (401) 523-5296

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. Kodiak Trucking, Inc.
(Enter name of corporation; must include "INCORPORATED," "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. Rhode Island 3. 46-4232401
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 21, 2013 5. N/A
(Date of incorporation) (Date of duration, if other than perpetual)
6. Not currently transacting business in Florida
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 160 High Street, Bristol, Rhode Island 02809
(Principal office address)
- 2030 Saxapahaw-Bethlehem Church Road, Graham, North Carolina 27253
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Joseph A. Smith
- Office Address: 6839 Trailride N
- Milton, Florida 32570
(City) (Zip code)

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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.

Joseph Smith
(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: Justin Reece

Address: 6839 Trailride N, Milton, FL 32570

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Justin Reece

Address: 6839 Trailride N, Milton, FL 32570

Vice President: _____

Address: _____

Secretary: /Assistant: James L. Truslow

Address: 5600 Post Road - Suite 114-104, East Greenwich, RI 02818

Treasurer: /Secretary: Justin Reece

Address: 6839 Trailride N, Milton, FL 32570

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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. James L. Truslow, Assistant Secretary

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



State of Rhode Island and Providence Plantations

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

Certification Number: **16030062460**

*The office of the Secretary of State of the State of Rhode Island and Providence Plantations,
HEREBY CERTIFIES, that*

Kodiak Trucking, Inc.

a Rhode Island corporation, filed original articles of incorporation in this office on

November 21, 2013

Effective

November 21, 2013

*IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing
under and by virtue of the laws of the State of Rhode Island and is in good standing according
to the records of this office.*

SIGNED AND SEALED ON

Tuesday, March 22, 2016

Secretary of State

Authorized Agent

