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HETARY OF STATE

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#### **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJ	ECT·	S. & J. Tr	ansportation Service	ces, Inc.				
осво	LCI.		Name	of corporati	on - mus	t include suffix		
Dear S	ir or M	adam:						
"Certif	ficate o	f Existenc		e of Good S	tanding"	rization to Transac and check are sub Florida.		
Please	return	all corresp	ondence concerr	ning this ma	tter to the	e following:		
Bridge	tte M. B	litch, Esq.						
				Name	of Person	1		
Taylor	& Asso	ciates, Atto	orneys at Law, P.L.					
				Firm/C	ompany			
20 3d S	St. SW,	Suite 209						
				Ad	dress			
Winter	Haven,	FL 33880						
				City/Stat	e and Zip	code		
Sarah@	@sjtrans	.com						
			E-mail addres	ss: (to be use	ed for ful	ure annual report n	otificati	on)
For fu	rther in	formation	concerning this	matter, pleas	se call:			
Jo Kirl	kland			863 at (	87	75-6950		
	Nam	e of Perso	n	Area C	Code	Daytime Telepl	hone Nu	mber
	Regis Divis Clifto 2661	stration Se ion of Co on Buildin	rporations g e Center Circle	SS:		MAILING A. Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporatio 7	ons
Enclos	sed is a	check for	the following an	nount:				
<b>53</b> \$7	0.00 Fi	ling Fee	S78.75 Fili Certificate			.75 Filing Fee & tified Copy	C	7.50 Filing Fee, ertificate of Status & ertified 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.

(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 Flor  New Hampshire  2. (State or country under the law of which it is incorporated)  4. (Date of incorporation)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. (Principal office address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Taylor & Associates, Attorneys at Law, P.L.  20 3d St. SW, Suite 209  Winter Haven  , Florida  33880  Florida  (Circ. Lab.)	•	tation Services, Inc.		
2. New Hampshire  (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  251 Calef Hwy., Lee, New Hampshire 03861  (Principal office address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Taylor & Associates, Attorneys at Law, P.L.  20 3d St. SW, Suite 209  Winter Haven  Florida  33880  Florida  33880  Florida			," "COMPANY," "CORPORATION,"	
2. New Hampshire  (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of duration, if other than perpetual)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  251 Calef Hwy., Lee, New Hampshire 03861  (Principal office address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Taylor & Associates, Attorneys at Law, P.L.  20 3d St. SW, Suite 209  Winter Haven  Florida  33880  Florida  33880  Florida	(If name unavaila	ble in Florida, enter alternate corporate name	e adopted for the purpose of transacting busine	ess in Florida)
(State or country under the law of which it is incorporated)  4. 9/17/1991  (Date of incorporation)  (Date of duration, if other than perpetual)  6. NOT applicable  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. (Principal office address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Taylor & Associates, Attorneys at Law, P.L.  20 3d St. SW, Suite 209  Winter Haven  Florida  33880  Florida  33880  Florida  33880  Florida	New Hampshire			
4		y under the law of which it is incorporated)	(FEI number, if applicable	)
(Date of incorporation)  (Date of duration, if other than perpetual)  (Date of incorporation)  (Date of duration, if other than perpetual)  (Principal office address)  (Current mailing address, if different)  (Current mailing address, if different)  Name:  Taylor & Associates, Attorneys at Law, P.L.  Date of duration, if other than perpetual is principled.		5	Perpetual .	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  251 Calef Hwy., Lee, New Hampshire 03861  (Principal office address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Taylor & Associates, Attorneys at Law, P.L.  Name:  20 3d St. SW, Suite 209  Winter Haven  Florida  33880  Florida				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  251 Calef Hwy., Lee, New Hampshire 03861  (Principal office address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Taylor & Associates, Attorneys at Law, P.L.  Name:  20 3d St. SW, Suite 209  Winter Haven  Florida  33880  Florida	not appl	ricable.		
(Principal office address)  (Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Taylor & Associates, Attorneys at Law, P.L.  Name:  20 3d St. SW, Suite 209  Winter Haven  Florida  33880  Florida		(Date first transacted business		
(Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Taylor & Associates, Attorneys at Law, P.L.  Variable Street address:  Winter Haven  Florida  Taylor & Associates, Attorneys at Law, P.L.  Taylor & Associates, Attorneys at Law, P.L.  Taylor & Associates, Attorneys at Law, P.L.  Taylor & Florida  Taylor & Associates, Attorneys at Law, P.L.  Taylor & Associates, Attorneys at Law, P.L.  Taylor & Florida	251 Calef Hwy., I		1502, F.S., to determine penalty hability)	
(Current mailing address, if different)  8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Taylor & Associates, Attorneys at Law, P.L.  20 3d St. SW, Suite 209  Winter Haven  Florida  33880  Florida	•		inal office address)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Taylor & Associates, Attorneys at Law, P.L.  20 3d St. SW, Suite 209  Winter Haven  Florida  33880  Florida		(* ******	, par office address,	
Name:  Taylor & Associates, Attorneys at Law, P.L.  20 3d St. SW, Suite 209  Winter Haven  Florida  33880  Florida		(Current mail	ling address, if different)	<del></del>
Name:  Taylor & Associates, Attorneys at Law, P.L.  20 3d St. SW, Suite 209  Winter Haven  Florida  33880  Florida				
Name:  Taylor & Associates, Attorneys at Law, P.L.  20 3d St. SW, Suite 209  Winter Haven  Florida  33880  Florida	. Name and stree	t address of Florida registered agent: (P	O. Box NOT acceptable)	·
Office Address:    20 3d St. SW, Suite 209   Property   Property	Name:	Taylor & Associates, Attorneys at Law, P	L.	n s
Office Address:  Winter Haven , Florida  33880  P  R  P  R  P	Name.	20 3d St. SW. Suite 209	مر : 0 ت	
Winter Haven , Florida 33880	Office Address:	-		유 >
(72)		Winter Haven		HIS ==
(City) (Zip code)		(City)	(Zip code)	<b>E</b> =

#### 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.

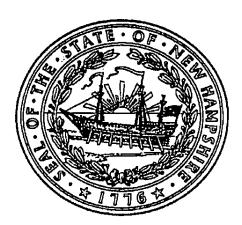
11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
James P. Daley, III	
President:251 Calef Highway Address:	NA SA
Lee, New Hampshire 03861	S S C
James P. Daley Jr.	RIDE I
Vice President:251 Calef Highway	<b>P</b>
Lee, NH 03861	
<del></del>	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendar to the application-listing	ng additional officers and/or directors.
12. Signature of Director or Office	NF.
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 do a third degree felony as provided for in s.817.155, F.S.	ocument to the Department of State constitutes
James P. Daley, III - President	

## State of New Hampshire Department of State

#### **CERTIFICATE**

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that S. & J. TRANSPORTATION SERVICES, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on September 17, 1991. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 157893



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 24th day of March A.D. 2017.

William M. Gardner Secretary of State