(Req	uestor's Name)	.
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SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:

W.P. Verifier _____

		' /			
Name:	A-NATI	ONAL LI	MOUSINE	SERVICE.	INC.
Document #:					
Order #:	HC-	J. GILV	ORE		
Certified Copy of Arts & Amend:					
Plain Copy: Certificate of Good Standing:					
Apostille/Notarial Certification:		Country of De			
Filing:	Certified: Plain: COGS:	•			
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Thank you!

COVER LETTER

TO: Registration Section Division of Corporations			
A-NATIONAL LIMOUSINE	SERVICE, INC	2.	
SUBJECT:	farmoration	· must include suffix	
rame o	r corporation ·	must include surfix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate above referenced foreign corporation to tra	of Good Stand	ling" and check are sub	
Please return all correspondence concerning	ng this matter	to the following:	
Harbor Compliance	Name of P	erson	
48-50 W Chestnut St Ste 301	Firm/Comp	pany	
Lancaster, PA 17603	Addres	SS	
ctate@anationallimo.com	City/State an	d Zip code	
E-mail address:	(to be used for	or future annual report n	otification)
For further information concerning this ma	atter, please ca	ıll:	
Harbor Compliance	717 at (723-9317	
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	s:	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassec, Fl	ection rporations
Enclosed is a check for the following amo	unt:		
■ \$70.00 Filing Fee		\$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

(Enter name of co	prporation; must include "INCORPORATED," "Corp." "Inc." "Co." or "Corp.")	OMPANY," "CORPORATION,"
(If name unavaila		ted for the purpose of transacting business in Florida 1802036
Congin	3.	1802030
03/11/1988	3	
	5	(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
1990 Metropolita	(Date first transacted business in Flor (SEE SECTIONS 607.1501 & 607.1502, 1 Parkway, Atlanta, GA 30315	
•	(SEE SECTIONS 607.1501 & 607.1502, 1 Parkway, Atlanta, GA 30315	
•	(SEE SECTIONS 607.1501 & 607.1502, 1 Parkway, Atlanta, GA 30315	F.S., to determine penulty liability)
•	(SEE SECTIONS 607.1501 & 607.1502, 1 Parkway, Atlanta, GA 30315	F.S., to determine penulty liability) ffice address)
	(SEE SECTIONS 607.1501 & 607.1502, In Parkway, Atlanta, GA 30315 (Principal of	F.S., to determine penulty liability) ffice address) Idress, if different)
	(SEE SECTIONS 607.1501 & 607.1502, In Parkway, Atlanta, GA 30315 (Principal of Current mailing ad	F.S., to determine penulty liability) ffice address) Idress, if different)
Name and stree	(SEE SECTIONS 607.1501 & 607.1502, In Parkway, Atlanta, GA 30315 (Principal of Current mailing ad address of Florida registered agent: (P.O. Bo	F.S., to determine penulty liability) ffice address) Idress, if different) OX NOT acceptable)
Name and stree Name:	(SEE SECTIONS 607.1501 & 607.1502, In Parkway, Atlanta, GA 30315 (Principal of Current mailing ad address of Florida registered agent: (P.O. Bornell REGISTERED AGENTS INC.	ffice address) ffice address) dress, if different) ox NOT acceptable)

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.

Bill Havre/Secretary/Registered Agents Inc.

(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 Vice Chairman: Lori Anderson Director: 2785 Autumn Lake Lane Address: Decatur, GA 30034 Linda Johnson Director: 3637 Freda Court Address: Decatur, GA 30032 **B. OFFICERS** Darrell Anderson President: 2785 Autumn Lake Lane Address: Decatur, GA 30034 Herman Johnson Vice President: 3637 Freda Court Address: Decatur, GA 30032 Linda Johnson Secretary: 3637 Freda Court, Decatur, GA 30032 Address: Linda Johnson Treasurer: 3637 Freda Court, Decatur, GA 30032 Address: 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.

Darrell Anderson, President

13.

Addendum to Application for Certificate of Authority

A-NATIONAL LIMOUSINE SERVICE, INC.

11. Names and business addresses of officers and/or directors, continued:

Sulaimon Sheg Lawal, Director, 11240 Amy Frances Lane, Alpharetta, GA 30022

Control Number: J805258

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

A-NATIONAL LIMOUSINE SERVICE, 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
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

:03/11/1988 :Georgia :04/25/2017 :211

: 14493557



Brian P. Kemp Secretary of State