

F18000000415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations
EZ QUICK TRANSPORT, INC.

SUBJECT: _____
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:
GREG DUKE

Name of Person	
EZ QUICK TRANSPORT, INC.	

11225 TAMiami TRAIL	Firm/Company
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PUNTA GORDA, FL. 33955

City/State and Zip code

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

For further information concerning this matter, please call:

GREG DUKE 239 898-7012

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.

EZ QUICK TRANSPORT, INC.

1. _____
(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)
INDIANA 46-1014351

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
09/19/2012

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
109 W 600 N, WINAMAC, IN, 46996

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: _____
11225 TAMiami TRAIL

Office Address: _____
PUNTA GORDA 33955
_____, Florida _____
(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

GREG DUKE

Chairman:

11225 TAMiami TRAIL, PUNTA GORDA, FL 33955

Address:

GREG DUKE

Vice Chairman:

11225 TAMiami TRAIL, PUNTA GORDA, FL 33955

Address:

GREG DUKE

Director:

11225 TAMiami TRAIL, PUNTA GORDA, FL 33955

Address:

Director:

Address:

B. OFFICERS

GREG DUKE

President:

11225 TAMiami TRAIL, PUNTA GORDA, FL 33955

Address:

GREG DUKE

Vice President:

11225 TAMiami TRAIL, PUNTA GORDA, FL 33955

Address:

GREG DUKE

Secretary:

11225 TAMiami TRAIL, PUNTA GORDA, FL 33955

Address:

GREG DUKE

Treasurer:

11225 TAMiami TRAIL, PUNTA GORDA, FL 33955

Address:

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.

GREG DUKE, PRESIDENT

13. _____

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

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

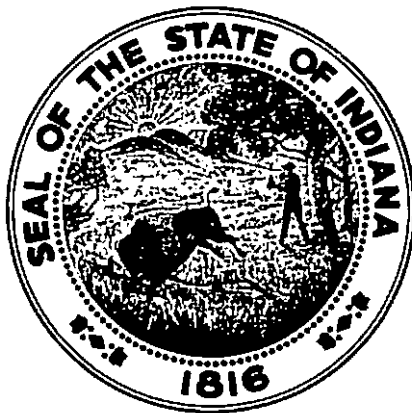
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

EZ QUICK TRANSPORT, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 19, 2012, and was in existence or authorized to transact business in the State of Indiana on January 22, 2018.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 22, 2018

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2012091900602 / 2018508712

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>