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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Triple T Transport, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$1,470.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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Feb 20 2018



February 19, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORP

SUBJECT: TRIPLE T TRANSPORT, INC.
REF: W18000016183

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc.," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P06000051995.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

FAX Aud. #: H18000055020
Letter Number: 118A00003434

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIPLE T Transport, 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:

DARIN PUPPEL

Name of Person

TRIPLE T Transport, Inc.

Firm/Company

PO Box 649

Address

LEWIS CENTER, OH 43035

City/State and Zip code

dpuppel@tripletransport.com

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

For further information concerning this matter, please call:

DARIN PUPPEL

Name of Person

at (800)

Area Code

365-1723 ext 136

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. TRIPLE T TRANSPORT, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Triple T Transport, Inc. (SE Division)
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Ohio 3. 31-1256073
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/1/88 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. July 9, 2012
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 17855 Hunting Bow Circle, Suite 102, Lutz, FL 33558
(Principal office address)
- PO Box 649, Lewis Center, OH 43035
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

C T Corporation System

By: James M. Halpin James M. Halpin
Assistant Secretary
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DARIN PUPPEL

Address: 1905 White Oak Dr

Delaware, OH 43015

Vice President: DAVID Squitisi

Address: 9909 Glasgow Ct, Dublin, OH 43017

VP#2 TERRY MCKENZIE

Address: 3213 Cordoba Ranch Blvd, Lutz, FL 33559

CFO WADE AMELUNG

Address: 4453 Hunters Bend, Powell, OH 43065

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Darin Puppel

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. DARIN PUPPEL, PRESIDENT

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

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