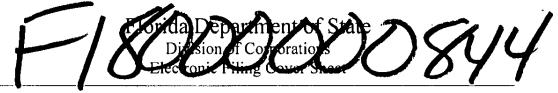
2/16/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000055020 3)))



4180000550203**A**#CV

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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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February 19, 2018

850-617-6381

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.," "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: TRIPLET 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 Devron							
TRIPLE T Transport, INC. Firm/Company							
Firm/Company							
POBOX 649.							
LEWIS CENTER, OH 43035 Address, CENTER, OH 43035 Apuppel etriple transport, com							
apuppel etriplettransport.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
DAIZIN Purper at (800) 365-1723 sxf 136 Name of Person Area Code Daytime Telephone Number							
Name of Person Area Code Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clofe 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 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy 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.

·	ET Transportila			
(Enter name of c	corporation; must include "INCO Corp," "Inc," "Co," or "Corp.")	iRPORATED," "	COMPANY," "CORPORATION,"	•
Triple T Trans	port, Inc. (SE Division)			
(If name unavail	able in Florida, enter alternate co	orporate name add	opted for the purpose of transacting	business in Florida)
Ohi	٥	3.	31-1256073 (FEI number, if appl	
(State or countr	y under the law of which it is inc	corporated)	(FEI number, if appl	icable)
	11/88	5.		
(Date	e of incorporation)		' (Date of duration, if other th	an perpetual)
·		1,2012		
	(SEE SECTIONS 607.	.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liability	
. 17855	Husting Prading	12, Sutc 102	, Utz, FL 33558 office address)	
				
PO BOX	649, Cruis Conten,	,01443035	-	
		(Current mailing a	address, if different)	
. Name and stree	et address of Florida registere C T Corporation System	d agent: (P.O. I	Box NOT acceptable)	B FEB 2
ffice Address:	1200 South Pine Island Road	d	_	O PR
	Plantation		, Florida	10 A A A A A A A A A A A A A A A A A A A
	(City)		(Zip code)	
laving been nam esignated in this orther agree to co	application, I hereby accept omply with the provisions of amiliar with and accept the o	the appointment all statutes related by the conference of the Corporation Sysummer M. H. Assistant Section 1986.	Halpin pretary	to act in this capacity. I
\overline{V}	<i>(</i>	(Registered age	nt'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: _ B. OFFICERS President: DARIN TUPPEL Vice President: DAVID Sont Address: 9909 6/9590w Ct, Dublin, 04 43017 CarDaba Ranch BlvD, Lutz, FL 33559 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. 13. DARIN PRPPEL, FRESIDENT

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