# F18000002441

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAJL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
<u></u>					
Special Instructions to Filing Officer:					





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05/23/18--01014--024 \*\*70.00

JC34-18

#### **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: A ALPHA	TRANSPORTATION, INC.				
	Name of corporat	tion - must	include suffix		
Dear Sir or Madam:					
"Certificate of Existence	on by Foreign Corporation  "or "Certificate of Good 5  corporation to transact bus	Standing'' a	ınd check are sul		
Please return all corresponder	ondence concerning this ma	itter to the	following:		
LORI EISCHEN					
	Name	of Person			
THE SUDDATH COMPA	NIES				
	Firm/C	Company			
815 S MAIN ST					
	Ac	ddress			
JACKSONVILLE, FL 322	07				
	City/Stat	te and Zip	code		
leischen@suddath.com		16			
	E-mail address: (to be us	ea for futu	re annual report	nonneation)	
For further information of	concerning this matter, plea	se call:			
LORI EISCHEN at (904		v 390-	v 390-7100		
Name of Person		Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
■ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status		5 Filing Fee & Ted 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.

. .

	ANSPORTATION, INC.	
	corporation; must include "INCORPORATE lorp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"
71101, 671, 6	int, co, or corp. )	
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting business in Florida)
2. MARYLAND		3. 52-1862756
(State or count	ry under the law of which it is incorporated)	
4. 11/26/1993		5
(Date	e of incorporation)	5(Date of duration, if other than perpetual)
6.		
	(Date first transacted busines	ss in Florida, if prior to registration)
	(SEE SECTIONS 607.1301 & 60	7.1502, F.S., to determine penalty liability)
7. <u>815 S MAIN ST</u>	, JACKSONVILLE, FL 32207	
	(Pri	ncipal office address)
815 S MAIN ST	. ATTN: LORI EISCHEN, JACKSONVILI	
	(Current ma	ailing address, if different)
8. Name and stre	et address of Florida registered agent: (	P.O. Box NOT acceptable)
Name:	KEVIN P. GANNON	
Office Address:	\$15 S MAIN ST	
omee Address.		<del></del>
	JACKSONVILLE	, Florida <u>32207</u> (Zip code)
	(City)	(Zip code)
9. Registered ag	ent's acceptance:	
		ervice of process for the above stated corporation at the place
		intment as registered agent and agree to act in this capacity, es relative to the proper and complete performance of my
duties, and I am	familiar with and accept the obligation	es retutive to the proper and complete performance of my is of my position as registered agent.
•	,	, , , , ,
_	je	
	(Register	ed 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: STEPHEN M. SUDDATH Address: 815 S MAIN ST JACKSONVILLE, FL 32207 Vice Chairman: BARRY S. VAUGHN Address: 815 S MAIN ST JACKSONVILLE, FL 32207 Director: JAMES G. BARNETT Address: 815 S MAIN ST JACKSONVILLE, FL 32207 Director: BARBARA S. STRICKLAND Address: 815 S MAIN ST JACKSONVILLE, FL 32207 **B. OFFICERS** President: SCOTT KELLY Address: 815 S MAIN ST JACKSONVILLE, FL 32207 Vice President: MICHAEL J. BRANNIGAN, CEO Address: 815 S MAIN ST JACKSONVILLE, FL 32207

Secretary: BARBARA S. STRICKLAND

Address: 815 S MAIN ST, JACKSONVILLE, FL 32207

Treasurer: KEVIN P. GANNON

Address: 815 S MAIN ST, JACKSONVILLE, FL 32207

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

12. \_ /c-p

#### 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. KEVIN P. GANNON, FVP/CFO

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT A ALPHA TRANSPORTATION INC. (D03777638), INCORPORATED NOVEMBER 26, 1993, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MAY 21, 2018.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: hkJ1ZTJHJEWR11it94wa6w To verify the Authentication Code, visit http://dat.maryland.gov/verify