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COVER LETTER

	Registration Sec Division of Cor					
SUBJE	CT: DAVIDSO	ON FÖRWARDIN	G COMPANY			
		Name	of corporation	ı - must	include suffix	
Dear Sir	or Madam:					
Certific	ate of Existence		of Good Star	nding" a	nd check are sub	ct Business in Florida," emitted to register the
Please re	cturn all corresp	ondence concern	ing this matte	r to the	following:	
LORIEIS	SCHEN					
		•	Name of	Person		
THE SUI	DDATH COMPA	ANIES				
			Firm/Con	ipany		_
815 S Mz	AIN ST					
			Addr	ess		
JACKSO	NVILLE, FL 32	207				
			City/State a	nd Zip	code	
leischen(श्चिडuddath.com	T11 4.1		C - C -		
		E-mail addres	s: (to be used	ior iuiui	re annual report	notification)
For furth	ner information	concerning this n	natter, please	call:		
LORI EE	SCHEN		at (904	v 390-	-7100	
	Name of Person	n	Area Cod	/	Daytime Telep	hone 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	l is a check for	the following am	ount:			
3 \$70.0	00 Filing Fee	Certificate			5 Filing Fee & Ted Copy	S87.50 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.

· ·	DRWARDING COMPANY	
	orporation; must include "INCORPORATE forp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
me co c	me, ev, or emp.	
(If name unavail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Florida)
2 MARYLAND		3. 52-0792563
(State or country under the law of which it is incorporated)		(FEI number, if applicable)
4. 12/31/1974		5.
(Date	of incorporation)	5(Date of duration, if other than perpetual)
6.		
		s in Florida, if prior to registration)
	(SEE SECTIONS 607.1501 & 607	7.1502, F.S., to determine penalty liability)
7. <u>815 S MAIN ST</u>	. JACKSONVILLE, FL 32207	1 1 00 11
	(rein	icipal office address)
815 S MAIN ST.	ATTN: LORI EISCHEN, JACKSONVILL	E. FL 32207 iling address, if different)
	(Carren ma	iting address, it different)
8 Name and stree	et address of Florida registered agent: (l	P.O. Box, NOT acceptable)
o. Traine and <u>succ</u>	or accures of r fortuning registered agent.	1.0. Box 1.01 acceptable;
Name:	KEVIN P. GANNON	
Office Address:	815 S MAIN ST	
	1.0000000000000000000000000000000000000	22207
	JACKSONVILLE (City)	Florida <u>32207</u> (Zip code)
	(City)	(Zip ever)
	ent's acceptance:	
		rvice of process for the above stated corporation at the place ntment as registered agent and agree to act in this capacity.
		es relative to the proper and complete performance of my
duties, and I am J	familiar with and accept the obligation:	s of my position as registered agent.
	kin	
	(Registere	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. 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

13. KEVIN P. GANNON, EVP/CEO

a third degree felony as provided for in s.817.155, F.S.

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 DAVIDSON FORWARDING COMPANY (D00543090), INCORPORATED DECEMBER 31, 1974, 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: 9AVe4ltA802vw_R7OMeQBQ To verify the Authentication Code, visit http://dat.maryland.gov/verify