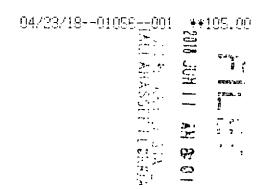
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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations		
a	o to mition	a Transport Solutions Inc
SUBJ	Name of corpora	n Transport Solutions Inc
Dear S	ir or Madam:	
"Certi:		for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida.
Please	return all correspondence concerning this m	atter to the following:
	ianzela J Whi	₹
	Name	e of Person
	1 transfer	consent solutions Inc
	Firm/	Company
	32E4 Reute	222
<u> </u>	A	ddress
	i atterson	117 12563
-	City/Sta	ate and Zip code
	oushitea 4 you	nte and Zip code (15.00) sed for future annual report notification)
	E-mail address: (to be u	sed for future annual report notification)
For fu	rther information concerning this matter, ple	ase call:
	ar (a	12 685.5404
		Code Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
	Tallahassee, FL 32301	randadsee. 11. 32314
Enclos	sed is a check for the following amount:	
Z 1 \$70	0.00 Filing Fee \$\Bigcup \text{\$78.75 Filing Fee & Certificate of Status}	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee. Certified Copy Certified Copy



May 15, 2018

PAMELA J WHITE 3204 ROUTE 22 PATTERSON, NY 12563

SUBJECT: FLORIDA ITS INC Ref. Number: W18000038808

We have received your document for FLORIDA ITS INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

The document number of the name conflict is L16000062951.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris Regulatory Specialist II

Letter Number: 418A00010096

RECEIVED

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3EPARTMENT OF SEPARTMENT O



April 25, 2018

PAMELA J WHITE 3204 ROUTE 22 PATTERSON, NY 12563

SUBJECT: TRANSPORT SOLUTIONS, INC.

Ref. Number: W18000038808

We have received your document for TRANSPORT SOLUTIONS, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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 P14000085509.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenaa D Harris <u>Regul</u>atory Specialist II

PECENYEL

OUBMAY II AM ID:

DEPARTMENT OF SURVISION OF CORPOSE

INTELAHASSEE, SURVES

Letter Number: 718A00008497

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. (Enter name of corporation; must include "INCORPORATED." "COMPANY." "CORPORATION." "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") ITS Inc in Florida (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Poute 22 Patterson NT 12563 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: oxahatchee . Florida 33470 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. Janua Pull 080 Incorp Services Inc

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. DIRECT	'ORS	
Chairman:	i uva A Donelan	
Address:	Datcher Ave	
	in all mend	· -
Vice Chairmar	n:	
Director:		
Director:		
		- · · · · · · · · · · · · · · · ·
Address:		······································
B. OFFICE		•
President:	Lews of Danalon	
Address:	Dutches Aus	
	Pauling NY 1256+	52
	<u>~</u> '	
	t:	7. At man.
Address:	· · · · · · · · · · · · · · · · · · ·	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
		22.
Secretary:		<u>න</u>
Address:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
Treasurer:	.	
Address:	·	
NOTE: If n	ecessary, you may attach an addendum to the application listing additional	officers and/or directors.
12	an Octdelle	
The officer of	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) after the significant of the significant	firms that the facts stated herein
	that he or she is aware that false information submitted in a document to the efelony as provided for in s.817.155, F.S.	e Department of State constitutes
13.	Lowa 4) Develop President	
12.	(Typed or printed name and capacity of person signing applicat	tion)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of INFORMATION TRANSPORT SOLUTIONS INC. was filed on 10/09/2001, under the name of TELECOM INTERSTATE INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment TELECOM INTERSTATE INC., changing its name to INFORMATION TRANSPORT SOLUTIONS INC., was filed 06/08/2004.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 30th day of April two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State