

# FI8000005263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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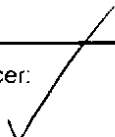
MAIL

(Business Entity Name)

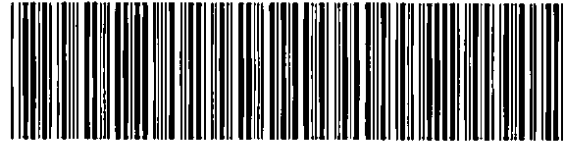
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2018 NOV 16 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 NOV 16 AM 10:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JCS  
11-19-18

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 491578 7363367

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : November 15, 2018

ORDER TIME : 9:36 AM

ORDER NO. : 491578-010

CUSTOMER NO: 7363367

FOREIGN FILINGS

NAME: ONE HORN TRANSPORTATION INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

**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.*

ONE HORN TRANSPORTATION INC

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
NEW JERSEY

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

APRIL 14, 2005

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

8374 MARKET ST. SUITE 470, LAKEWOOD RANCH, FL 34202

7. \_\_\_\_\_  
(Principal office address)

8374 MARKET ST. SUITE 470, LAKEWOOD RANCH, FL 34202

\_\_\_\_\_  
(Current mailing address, if different)

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

LOUIS BIRON

Name: \_\_\_\_\_

8374 MARKET ST. SUITE 470

Office Address: \_\_\_\_\_

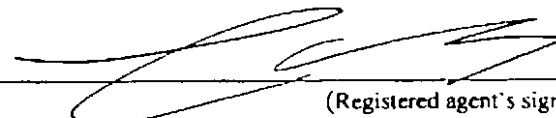
LAKEWOOD RANCH

34202

\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

  
\_\_\_\_\_  
(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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

CHERYL BIRON

Chairman: \_\_\_\_\_  
8374 MARKET ST. SUITE 470, LAKEWOOD RANCH, FL 34202  
Address: \_\_\_\_\_

LOUIS BIRON

Vice Chairman: \_\_\_\_\_  
8374 MARKET ST. SUITE 470, LAKEWOOD RANCH, FL 34202  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**

(CHIEF EXECUTIVE OFFICER) CHERYL BIRON

President: \_\_\_\_\_  
8374 MARKET ST. SUITE 470, LAKEWOOD RANCH, FL 34202  
Address: \_\_\_\_\_

(CHIEF OPERATING OFFICER) LOUIS BIRON

Vice President: \_\_\_\_\_  
8374 MARKET ST. SUITE 470, LAKEWOOD RANCH, FL 34202  
Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

12. \_\_\_\_\_  
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.

LOUIS BIRON, DIRECTOR

13. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

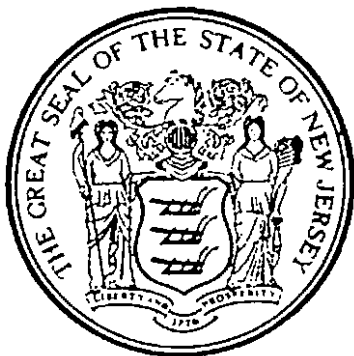
**ONE HORN TRANSPORTATION INC  
0400089037**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 14, 2005.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

LOUIS M. BIRON  
10 ALMADERA DR  
WAYNE, NJ 07470



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
16th day of November, 2018*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6092876084

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCertJSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp)