F190003740

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500333157925

ALLAHASSEE FLORINA

2017 RUG 13 PH 4: 41

19 AUG 13 PH 1: 39

Y SCOTT AUG 1 4 2019



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 875400 7672

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : August 8, 2019

ORDER TIME : 11:56 AM

ORDER NO. : 875400-001

CUSTOMER NO: 7672098

FOREIGN FILINGS

NAME: ACTION ONE TRANSPORT, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

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.

ACTION (ONE TRANSPORT, INC.		
name of co	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	COMPANY." "CORPORATION,"	
ne unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting b	usiness in Florida)
yland	3.		
or country	under the law of which it is incorporated)	(FEI number, if applicable)	
-09-2008	5		
(Date of incorporation) (Date of duration, if other than perpet		n perpetual)	
			AL AL
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) 2, F.S., to determine penalty liability)	เปิด 13 P
217 Turde			. בניו
	(Principal	office address)	PH 4:11
	(Current mailing	address, if different)	NDA -
and street	address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	
Name:	Corporation Service Company		
ddress:	1201 Hays Street		
	Tallahassee	32301 , Florida	
	(City)	(Zip code)	
	name of co "Co.," "Co ne unavaila yland or country .09-2008 (Date	"Co.," "Corp," "Inc," "Co," or "Corp.") Inc unavailable in Florida, enter alternate corporate name advised in Florida, enter alternate corporate name advised in Florida, enter alternate corporate name advised in Florida it is incorporated) [Ogenome of incorporation] [Ogenome of	name of corporation; must include "INCORPORATED," "COMPANY." "CORPORATION," "Co.," "Corp," "Inc," "Co." or "Corp.") Inc unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting by syland Sor country under the law of which it is incorporated) (PEI number, if applies to possible of duration, if other than (Date of incorporation) (Date of incorporation) (Date of duration, if other than (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 17 Turtle Hill Circle Ponte Verda Beach, FL 32082 (Principal office address) (Current mailing address, if different) and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company i 201 Hays Street Tallahassee Florida 12301

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.

Corporation Service Company

By:

(Registered agent's signature)

Roxanne Turner

Asst. Vice President

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. Hames and business addresses of officers and/or directors: A. DIRECTORS Chairman: _Earle Richardson Address: 1217 Turtle Hill Circle Ponte Vedra Beach, FL 32082 Vice Chairman: Address: ___ Director: __ Address: ____ Address: __ **B. OFFICERS** Earle Richardson President: 1217 Turtle Hill Circle Ponte Vedra Beach, FL 32082 Address: Vice President: Address: __ Secretary: ___ Treasurer: 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.

Enda Biobardana - Danisha k

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 ACTION ONE TRANSPORT, INC. (D12753703), INCORPORATED OCTOBER 09, 2008, 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 AUGUST 08, 2019.

AUG 13 PH 43 41

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: MqZC2-o1GUGVrlbQvLKGCq To verify the Authentication Code, visit http://dat.maryland.gov/verify