

FP19000004564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W190000086486

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 OCT -7 PM 3:17

FILED

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2019

JIM SHEPHARD
100-110 W. COLUMBIA STREET
SCHUYKILL HAVEN, PA 17972

SUBJECT: DM TRANSPORTATION MANAGEMENT SERVICES, INC.
Ref. Number: W19000086486

We have received your document for DM TRANSPORTATION MANAGEMENT SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

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.

Yvette Scott
Document Specialist II

Letter Number: 819A00019803

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D M TRANSPORTATION MANAGEMENT SERVICES, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JIM SHEPHARD

Name of Person

EVANS DELIVERY COMPANY, INC

Firm/Company

100-110 W COLUMBIA STREET

Address

SCHUYKILL HAVEN, PA 17972

City/State and Zip code

JIM.SHEPHARD@EVANSDELIVERY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JIM SHEPHARD

Name of Person

at (570) 385-9048 EXT 3342

Area Code

Daytime Telephone 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 is a check for the following amount:

- ☒ \$76.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**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.*

1. DM TRANSPORTATION MANAGEMENT SERVICES, INC

(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)

2. PA

(State or country under the law of which it is incorporated)

3. 23-2799575

(FEI number, if applicable)

4. 02/24/1995

(Date of incorporation)

5. PERPETUAL

(Date of duration, if other than perpetual)

6. 01/01/2017

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

7. 100-110 W COLUMBIA STREET

SCHUYKILL HAVEN,

PA

17972

(Principal office address)

(Current mailing address, if different)

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

Name: THERESA C O'BRIAN

Office Address: 47 S HAMILTON SPRINGS RD

ST AUGUSTINE

(City)

, Florida 32084

(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: JAMES HALOW ✓

Address: 100-110 W COLUMBIA STREET

SCHUYKULL HAVEN, PA 17972

Vice Chairman: _____

Address: _____

Director: MATHEW B BATES ✓

Address: 100-110 W COLUMBIA STREET

SCHUYKULL HAVEN, PA 17972

Director: _____

Address: _____

B. OFFICERS

President: MATHEW B BATES ✓

Address: 100-110 W COLUMBIA STREET

SCHUYKULL HAVEN, PA 17972

Vice President: ALBERT L EVANS, JR ✓

Address: 100-110 W COLUMBIA STREET

SCHUYKULL HAVEN, PA 17972

Secretary: ROBERT PETRUZZI ✓

Address: 100-110 W COLUMBIA STREET SCHUYKULL HAVEN, PA 17972

Treasurer: ROBERT PETRUZZI ✓

Address: 100-110 W COLUMBIA STREET SCHUYKULL HAVEN, PA 17972

CHIEF FINANCIAL OFFICER:
BRIAN FREY

100-110 W COLUMBIA STREET
SCHUYKULL HAVEN, PA 17972

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

12. [Signature]

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. BRIAN FREY, CEO

(Typed or printed name and capacity of person signing application)

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2019 OCT -7 PM 3:17
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

08/23/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DM TRANSPORTATION MANAGEMENT SERVICES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathryn Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190823151469-3

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>