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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

_	tration Section ion of Corporations					
SUBJECT:	Transportation Resources, Inc					
	Name o	f corporation	n - must i	nclude suffix		
Dear Sir or M	adam:					
"Certificate of	"Application by Foreign Corf Existence," or "Certificate ced foreign corporation to tra	of Good Star	nding" ar	nd check are submitte		
Please return	all correspondence concernir	ng this matte	er to the f	ollowing:		
Robert M. Jone	es Sr.					
		Name of	Person			
Transportation	Resources, Inc.					
		Firm/Con	npany			
20809 Castle P	ines Ct.					2
		Addr	ress			(L)
North Fort My	ers, FL 33917					(
	 	City/State a	and Zip c	ode	•	2
jmj@trif.com						
	E-mail address:	(to be used	for futur	e annual report notifi	ication)	
For further in	formation concerning this ma	atter, please	call:			e: 23
Robert M Jone	s Sr	97 8 at (870	870-2706		
Nam	e of Person	Area Coo	de ′	Daytime Telephone	· Number	_
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	: :		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations	
	check for the following amo leck payable to: FLORIDA DE ing Fee	PARTMEN g Fee &[□ \$78.75		3 \$87.50 Filir Certificate Certified C	of Status

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.

Transportation !	Resources, Inc.		
	corporation; must include "INCORPORATED," Corp." "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
Trif.com			
(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting bus	siness in Florida)
2. Massachusetts	3	04-2753951	
	ry under the law of which it is incorporated)	(FEI number, if applica	ble)
4. 04/01/1982	5		
(Date	of incorporation)	(Date of duration, if other than p	perpetual)
6. 2/1/2020			
7 9 Waushacum Av	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 ve. Sterling, MA 01564	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
, · <u> </u>	(Principal offic	re <u>street</u> address)	
	(Current mailing	g address, if different)	
8. Name and street	et address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	2023 (
Name:	Jacqueline Jones		2
Office Address:	20809 Castle Pines Court		7.75 % •
	North Fort Myers	, Florida 33917	; <u>;</u> ;
	(City)	(Zip code)	<i>?</i> >

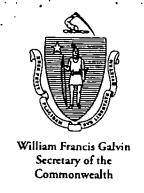
9. Registered agent's acceptance:

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.

A. DIRECTORS							
□ Chairman	Name: Robert M Jones, Sr.	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	North Fort Myers, Florida 33917	□Director					
■ President		□President					
□Vice President		□Vice President					
□Secretary	Treasurer	□Secretary		□Treasurer			
□Other	Other	□Other		□Other			
□Chairman	Name:	□Chairman □Vice Chairman					
Director	North Fort Myers, Florida 33917	□Director					
□President		□President					
□Vice President		□Vice President					
■ Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	Other	□Other		□Other			
□Chairman	Name:	□ Chairman	Name:	2523.0			
□Vice Chairman	23 Old Brook Station Rd.	□Vice Chairman	Address:				
□Director	Princeton, MA 01541	□Director		· · · · · · · · · · · · · · · · · · ·			
□President		□President					
■Vice President		□Vice President					
□ Secretary	□Treasurer	□ Secretary		□Treasurer			
□Other	□()ther	□Other		□Other			
The officer or direct she is aware that fas.817.155, F.S.	Use an attachment to report more than six (6). The attached to the index when filing your Florida Department Signature of Director or extension submitted in a document to the Department of Section 1985.	of State Annual Re Officer H above) affirms th	at the facts stated	herein are true and that he or			
	(Typed or printed name and capacity of person signing application)						



The Commonwealth of Massachusetts Secretary of the Commonwealth State House. Boston, Massachusetts 02188

January 6, 2020

TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

TRANSPORTATION RESOURCES, INC.

was incorporated under the General Laws of this Commonwealth on April 1, 1982.

I also certify that so far as appears of record here, said corporation still has legal existence.

I further certify that in an Annual Report filed here for fiscal year 2018, the Officers and Directors of said corporation are listed as follows:

SEE ATTACHED



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Francis Galecin