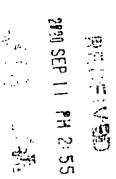
# F2000003413

(Requestor's Name)					
(Address)					
(Ad	idress)				
(Cit	ty/State/Zip/Phone #	)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	f Status			
Special Instructions to Filing Officer:					

Office Use Only



000351848520



4/14/20

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 416500 4802701

AUTHORIZATION: Spelle Red

COST LIMIT : \$ 78.75

ORDER DATE: September 10, 2020

ORDER TIME : 10:50 AM

ORDER NO. : 416500-005

CUSTOMER NO: 4802701

#### FOREIGN FILINGS

NAME: THE APODACA GROUP LOGISTICS,

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:

# **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	ECT: The Apodaca Group Logistic	s, Inc.				
3000	Name (	of corporation	- must include suffix			
Dear S	ir or Madam:					
"Certif	iclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stand	ling" and check are subn			
Please	return all correspondence concerni	ing this matter	to the following:			
Katrina	i E. Vargas			<b>.</b> ↓		
		Name of F	Person			
Едето	n McAfee					
•	·	Firm/Comp	pany			
900 S.	Gay Street, 14th Floor			,		
		Addre	SS	.) —		
Knoxv	ille, TN 37902					
-		City/State an	d Zip code			
kvarga	s@emlaw.com					
	E-mail address	: (to be used fo	or future annual report no	otification)		
For fur	ther information concerning this m	atter, please ca	ill:			
Jordan	Keen	at (	247-7827			
	Name of Person	Area Code	Daytime Telepho	one Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please r	ed is a check for the following amo make check payable to: FLORIDA DE .00 Filing Fee	EPARTMENT g Fee & 🔀	OF STATE \$78.75 Filing Fee & Centified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy		

### 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.

(If name unavail			
	·	opted for the purpose of transacting business in Florida)	
Tennessee  (State or country under the law of which it is incorporated)		81-120408	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
01/25/2016	5	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	r, Knoxville, TN 37909  (Principal office	street address)	
	(Principal office	address. if different)	
Name and stree	(Principal office  (Current mailing a set address of Florida registered agent: (P.O. 1	address. if different)	
	(Principal office  (Current mailing a set address of Florida registered agent: (P.O. In Corporation Service Company)	address. if different)	
Name and stree	(Principal office  (Current mailing a set address of Florida registered agent: (P.O. 1	address. if different)	
Name and stree	(Principal office  (Current mailing a set address of Florida registered agent: (P.O. I Corporation Service Company)	address. if different)	

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.

Amanda Robinson Asst. Vice President

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS							
□Chairman	Name:	□ Chairman	Jordan Keen Name:				
□Vice Chairman	4610 Papermill Drive Address:	□ Vice Chairman	4610 Papermill Drive Address:				
□Director	Knoaville, TN 37909	□Director	Knoxville, TN 37909				
■ President		□President					
□Vice President		□Vice President					
□ Secretary	□Treasurer	■Secretary	□Treasurer				
□Other	□ Other	Other					
	Ray Easter		Van Dunn				
□Chairman	Name:	□Chairman	Name:				
□ Vice Chairman		□Vice Chairman	4610 Papermill Drive Address:				
□Director	Knoxville TN 37909	□Director	Knoxville, TN, 37909				
□President		□President	<u> </u>				
■Vice President		■ Vice President	**				
□Secretary	□Treasurer	☐ Secretary	☐ Treasurer				
□Other	Other	Other	□ Other				
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other		□Other	Other				
Important Notice: Usindividuals may be	Jse an attachment to report more than six (6). The added to the index when filing your Florida Deposition of Direction of	partment of State Annual Re	d for reporting purposes only. Non-indexed port form.				
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 of							
she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in							

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

s.817.155, F.S.

James Apodaca, President



# **Division of Business Services Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

#### **CORPORATION SERVICE COMPANY**

SHARON WALLS 251 LITTLE FALLS DRIVE WILMINGTON, DE 19808

Request Type: Certificate of Existence/Authorization

Request #:

0381300

Issuance Date: 09/10/2020

Filing Fee:

Copies Requested:

September 10, 2020

**Document Receipt** 

Receipt #: 005780248

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3788857949

\$20.00

Regarding:

The Apodaca Group Logistics, Inc.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 01/25/2016

Status:

Active

**Duration Term:** Perpetual

**Business County: KNOX COUNTY** 

Control #:

830974

Date Formed:

01/25/2016

Formation Locale: TENNESSEE

Inactive Date:

## **CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

## The Apodaca Group Logistics, Inc.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above:
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 041656929