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(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
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COVER LETTER

_	tration Section ion of Corporations						
SUBJECT:	Anchor Logistics, Inc.						
Name of corporation - must include suffix							
Dear Sir or M	adam:						
"Certificate o	"Application by Foreign (f Existence," or "Certifica ced foreign corporation to	ite of Good Stand	ing" and check are sub				
Please return	all correspondence concer	rning this matter t	o the following:				
Dawn M Capu	ano						
		Name of P	erson				
Anchor Logisti	ies, Inc.						
		Firm/Comp	any				
40 Bonita Stree	et						
		Addres	S				
Placida, FL 33	1946-2405						
	<u> </u>	City/State and	d Zip code				
dcapuano@anc	chorlogistics.com						
	E-mail addre	ss: (to be used fo	r future annual report n	otification)			
For further inf	formation concerning this	matter, please ca	II:		27		
Dawn M Capu	ano	at (778-8159				
Name	e of Person	Area Code	Daytime Telepl	none Number	2020 F TT 27		
Regis Divisi The C 2415	EET/COURIER ADDRE tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 nassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		J.; 8: 49		
		DEPARTMENT O	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filin Certificate of Certified Co	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.

Anchor Logistic	es, Inc.		
	orporation; must include "INCORPORATED. orp," "Inc," "Co," or "Corp.")	" "COMPANY." "CORPORATION,"	
Anchor Logistic	es Incorporated		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)
Ohio	3	31-1688999	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
February 4, 200	Λ		
(Date of incorporation)		(Date of duration, if other than p	erpetual)
ı.			
8190 Glencree Pl	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 Dublin, OH 43016	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
		ice <u>street</u> address)	
	(Current maili	ng address, if different)	
. Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	2020 11
Name:	Dawn M Capuano		· 27
Office Address:	40 Bonita St		
	Placida	, Florida	တ္
	(City)	(Zip code)	55 55

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 Dawn M Capuano Anthony D Capuano □ Chairman Name: ☐ Chairman 40 Bonita St 40 Bonita St ☐ Vice Chairman Address: □ Vice Chairman Address: _ Placida, FL 33946-2405 Placida, FL 33946-2405 Director □ Director ■ President □President □ 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 □ Treasurer □ Secretary □Other _____ □Other _____ ☐ Other ____ □Chairman □ Chairman Name: ______ Name: _____ □ Vice Chairman Address: □ Vice Chairman Address: _____ □ Director □ Director □President □ President □ Vice President ____ □Vice President ☐Treasurer ☐ Secretary □ Treasurer □ Secretary □Other _____ □Other □Other _____ □ Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Dawn M Capuano President

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ANCHOR LOGISTICS, INC., an Ohio corporation, Charter No. 1151145, having its principal location in Dublin, County of Franklin, was incorporated on February 4, 2000 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of August, A.D. 2020.

Ohio Secretary of State

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Validation Number: 202023802008