Fa000004880

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
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COVER LETTER

	tration Section on of Corporation	ns					
	ROADIERED CO						
SOBJECT.		Name of corporat	ion - must	include suffix			-
Dear Sir or Ma	adam:						
"Certificate of	Existence," or	Foreign Corporation Certificate of Good S oration to transact bus	Standing" a	nd check are subn			
Please return a	all corresponden	ce concerning this ma	tter to the f	following:			
Jeff Wright							
		Name	of Person		71	202	-
ROADIERED :	CO.					2020 OCT	
		Firm/C	Company		36.	<u>~</u>	
3565 Piedmont	Road NE Bldg 4	Ste 120			얼국		ì
		A	ddress		- 0		= '
Atlata, GA 303	05				CHAIN CHAIN	့် ယ <u>ှ</u> ့် ယှ	
	-	City/Sta	te and Zip	code	I.		-
jwright@roadio							
	E-n	nail address: (to be us	ed for futu	re annual report no	otification)	-	_
For further inf	formation concer	ning this matter, plea	se call:				
Jeff Wright		at (451-)	-3263 Daytime Teleph			
Name	e of Person	Area (Code	Daytime Teleph	ione Number		
Regis Divisi The C 2415	EET/COURIER tration Section ion of Corporatio Centre of Tallaha N. Monroe Stree nassee, FL 3230	ons ssee t. Suite 810		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations		
Enclosed is a Please make ch ☐ \$70.00 Fili	ing Fee 🛮 🗏 \$	lowing amount: . ORIDA DEPARTMI 78.75 Filing Fee & Certificate of Status	□ \$78.7	ATE 5 Filing Fee & fied Copy		iling Fee, te of Status I Copy	s &

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.

ROADIERED C	O.			
(Enter name of co	orporation; must include "INCORPORATED orp," "Inc." "Co," or "Corp.")	D." "COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting b	usiness in Florida)	
2. Delaware		85-1918267		
1.1.0.2020	y under the law of which it is incorporated)			
(Date	of incorporation)	(Date of duration, if other than	n perpetual)	
6.			202	
v	(Date first transacted business	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	OCT	,
7. 3565 Piedmont R	load NE Bldg 4 Ste 120 Atlanta, GA 30305		27	
	(Principal o	ffice street address)	PH	
7778 Meginnis F	erry Rd. #270 Suwanee, GA 30024		ω^{-1}	• -
	(Current mai	ling address, if different)	17. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	
8. Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	•	
Name:	Steve Gorlin			
Office Address:	1234 Airport Rd. Ste 105			
	Destin	, Florida 32541 (Zip code)		
	(City)	(Zip code)		
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept ser s application. I hereby accept the appoin comply with the provisions of all statutes r with and accept the obligations of my p	tment as registered agent and agree to relative to the proper and complete position as registered agent.	o act in this capac.	ity. I
	(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			1.20 37.5 3.5
□Chairman	Name:	☐ Chairman	Name: Jeff Wright
□Vice Chairman	Address:	□Vice Chairman	Address: 3565 Piedmont Road NE
Director	Bldg 4 Ste 120	□Director	Bldg 4 Ste 120
≅ President	Atlanta, GA 30305	□President	Atlanta, GA 30305
□Vice President		□Vice President	
Secretary	□Treasurer	□Secretary	Treasurer
Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	7028 0
□President		President	9
□Vice President		□Vice President	27
☐Secretary	□Treasurer	Secretary	r 🖹 Treasurer
Other	Other	Other	短点。 図Other <u></u>
□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	Other
	Use an attachment to report more than six (6). To added to the index when filing your Florida D	epartment of State Annual R	
	Signature of Di	rector or Officer	
The officer or dire she is aware that the s.817.155, F.S. Jeff Wright,	ector signing this document (and who is listed in a document to the	number 11 above) affirms t Department of State constit	hat the facts stated herein are true and that he utes a third degree felony as provided for in



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ROADIERED CO." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROADIERED CO."

WAS INCORPORATED ON THE NINTH DAY OF JULY, A.D. 2020.

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Authentication: 203907410

Date: 10-21-20