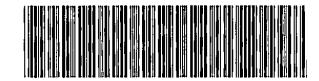
## F2000000563

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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W2 119844							

Office Use Only



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## **COVER LETTER**

TO:	FO: Registration Section Division of Corporations								
SHRI	ECT: GET IT THERE TRANSPORT	`INC.							
3 <b>013</b>			- must include suffix						
Dear S	ir or Madam:								
"Certif		f Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.						
Please	return all correspondence concerning	g this matter	to the following:						
LOVE	ITE DOBSON								
		Name of I	erson						
		<u>.</u> .							
		Firm/Com	pany						
17350 5	STATE HWY 249 #220	<u> </u>							
		Addre	SS						
HOUST	TON, TX 77064								
		City/State ar	d Zip code						
EFILEI	1234@INCFILE.COM								
	E-mail address:	(to be used for	or future annual report notification)						
For fur	ther information concerning this ma	iter, please ca	ill:						
LOVE	TTE DOBSON	888-462-3453							
	Name of Person	Area Code	Daytime Telephone 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 n	ed is a check for the following amounake check payable to: FLORIDA DEF	ARTMENT Fee &	OF STATE \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy						

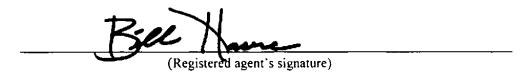
## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

GET IT THERE TRANSPORT INC.							
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"				
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting business in Florida)				
2 DELAWARE		3	85-0519510				
(State or country under the law of which it is incorporated)			(FEI number, if applicable)				
4. (Date of incorporation)		5.	PERPETUAL				
		J.	(Date of duration, if other than perpetual)				
6.							
7. 1800 Pembrook Drive, Suite 300 Orlando, FL 32810 (Principal office street address)							
	(Current m	ailii	ng address, if different)				
8. Name and street Name:	et address of Florida registered agent: REGISTERED AGENTS INC	(P.(	D. Box NOT acceptable)  ALL ALL ALL ALL ALL ALL ALL ALL ALL AL				
Office Address:	7901 4TH ST N. STE 300						
	St. Petersburg		Florida 33072				
	(City)		(Zip code) 完一 的				

## 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, further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duta and I am familiar with and accept the obligations of my position as registered agent.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdictio under the law of which it is incorporated.

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

A. DIRECTORS	JOHN ARMSTRONG		
Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: Orlando, FL 32810	□Vice Chairman	Address:
■ Director	Olialido, FL 32810	□Director	
☑President		□President	
□Vice President		□Vice President	
<b>∠</b> 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	□Treasurcr
Other	Other	Other	Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President	· · · · · · · · · · · · · · · · · · ·	□President	
□Vice President	- <del></del>	□ Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
Other	Other	Other	Other
individuals may be	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departs	ment of State Annual R	eport form.
12	John Amstrong Signature of Directo	r or Officer	
The officer or direct	ctor signing this document (and who is listed in num alse information submitted in a document to the Depart	ber 11 above) affirms th	nat the facts stated herein are true and that h

s.817,155, F.S.

13. John Armstrong - President



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

DELAWARE, DO HEREBY CERTIFY "GET IT THERE TRANSPORT INC." 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-THIRD DAY OF SEPTEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GET IT THERE

TRANSPORT INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF MARCH,

A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Authentication: 203717172

Date: 09-23-20