Falocoacy

(Re	equestor's Name)			
(Address)				
(Ad	dress)			
(Cir	ty/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



600362419116

08/26/21--U1018--02: **70.00



4/14/21

	COVER LI	ETTER 🏄		Į
TO: Registration Section Division of Corporat		<i>€</i> ∄	•	
SUBJECT: Oaks Logistics.	. Inc.			
50b0EC1.	Name of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application b "Certificate of Existence," or above referenced foreign cor Please return all corresponde	r "Certificate of Good Stand rporation to transact busines	ding" and check are subss in Florida.		•
Christopher C. Oaks			21 1	
Oaks Logistics, Inc.	Name of I	erson	AR 26	
717 Ford Road	Firm/Com	pany	PH 3:	
	Addre	:ss	:32	
Warne, NC 28909			•••	
	City/State ar	nd Zip code		
captoaks2@gmail.com				
Е	-mail address: (to be used f	or future annual report	notification)	
For further information conc	erning this matter, please ca	all:		
Denise Satterwhite	at (<u>**</u>	933-0725		
Name of Person	at (Area Code		phone Number	
STREET/COURIE Registration Section Division of Corpora The Centre of Tallah	n itions hassee reet, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	
Tallahassee, FL 323	.003			

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.

L. C	Daks Logistics, l	nc.					
		orporation; must include "INCORPORATED. orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATIO	ON."			
	NC Oaks Logisti						
1)	f name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)			
2. N	North Carolina	3	85-4342883				
	(State or country under the law of which it is incorporated)		(FEI number, if a	(FEI number, if applicable)			
4. i	2/17/2020	5					
۳	4. (Date of incorporation) 5		(Date of duration, if othe	(Date of duration, if other than perpetual)			
6. N	N/A						
7. <u>71</u>	7 Ford Road, W	(SEE SECTIONS 607.1501 & 607.1 arme, NC 28909 (Principal off	īce <u>street</u> address)	021 HIR 26			
8. N	Jame and <u>stree</u> Name:	t address of Florida registered agent: (P.C.) Denise Satterwhite	ng address, if different) O. Box <u>NOT</u> acceptable)	PN 3: 32			
Offic	ce Address:	80 Camellia Avenue	<u> </u>				
		Monticello	, Florida 32344				
		(City)	(Zip code)				

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.

□ Director ■ President	Name: Christopher C. Oaks Name: 717 Ford Road Address: Warne, NC 28909	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Name:Address:			
□Other	□Other	□Other	□Other			
□ Vice Chairman □ Director □ President	Name: Address:	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary ☐Other	Address: 202 HAR 26 PM TO The Address 32			
□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: 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. 12. Signature of Director or Officer						

The officer or director signing this document (and who is listed in number 11 above) aftirms 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.

Christopher C. Oaks



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

OAKS LOGISTICS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 17th day of December, 2020, with its period of duration being Perpetual.

articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of February, 2021.

Elaine I Marshall

Secretary of State