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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|--|---|--|--------------------|--|---|--|--|
| SHRI | ECT: VELO | OCITY FREIGHT TRA | NSPORT, II | NC | | | |
| УО В0 | | Name of | corporation | - must include suffix | | | |
| Dear S | Sir or Madam: | | | | | | |
| "Certi | ficate of Existen | | Good Stan | Authorization to Transact B ding" and check are submit ss in Florida. | | | |
| Please | return all corres | pondence concerning | this matter | to the following: | | | |
| | KATHY WIL | LIAMS | | | | | |
| | | | Name of I | Person | | | |
| | MCLANE CO | OMPANY, INC | | | | | |
| | | | Firm/Com | pany | | | |
| | 4747 MCLA | NE PARKWAY | | | | | |
| | | | Addre | ess . | | | |
| | TEMPLE, T | X 76504 | | | | | |
| | | (| City/State ar | nd Zip code | | | |
| | kathy,willia | ms@mclaneco.com | | | | | |
| | | E-mail address: (| to be used f | or future annual report noti | fication) | | |
| For fu | rther information | concerning this matt | er, please c | all: | | | |
| Kathy Williams at (254 | | (254 | 742-3614 | | | | |
| Name of Person | | | Area Code | Daytime Telephon | e 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 | | the following amount to the following amount to the to: FLORIDA DEPARTMENT of \$78.75 Filing For Certificate of \$100.000 for the following amount to th | ARTMENT Fee & □ | | S87.50 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.

| | lable in Florida, ente | r alternate corporate nam | ne adopted for the purpose of transacting business in Florida) | | |
|---------------|------------------------|--|---|--|--|
| TEXAS | | 3 | 3 | | |
| | | | | | |
| 11/18/2016 | | | 5. PERPETUAL | | |
| (Dat | e of incorporation) | | (Date of duration, if other than perpetual) | | |
| | MARCH | ,2021 | | | |
| | (Date | first transacted business | s in Florida, if prior to registration) 1502, F.S., to determine penalty liability) | | |
| 4747 M | | 7, TEMPLE, TX 76504 | 17902, 1.3 to determine penary habitity) | | |
| | | <u>. </u> | GC | | |
| P O P(| OX 6115, TEMPLE. | | flice <u>street</u> address) | | |
| | JA 0113, TEMPLE. | | ling address, if different) | | |
| Name and stre | | la registered agent: (P. | O. Box NOT acceptable) O. Florida 33324 (Zip code) | | |
| Name: | C T CORPORATION SYSTEM | | | | |
| | 1200 SOUTH PI | NE ISLAND RD | 9.00 9.00 | | |
| fice Address: | _ | | | | |
| fice Address: | PLANTATION | | Florida 33324 | | |

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.

^{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: SUSAN E ADZICK | □Chairman □Vice Chairman ■Director | Name: KEVIN J KOCH 4747 MCLANE PKWY Address: | | | | | |
| □Vice Chairman | Address: 4747 MCLANE PKWY | | | | | | | |
| Director | TEMPLE, TX 76504 | | TEMPLE,TX 76504 | | | | | |
| President | | □President | | | | | | |
| □Vice President | | □Vice President | | | | | | |
| □Secretary | □Treasurer | ☐ Secretary | □ Treasurer | | | | | |
| □Other | Other | □Other | Other | | | | | |
| □Chairman | Name: LAWRENCE M PARSONS | □ Chairman | Name: | | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: 4747 MCLANE PKWY | | | | | |
| Director | TEMPLE,TX 76504 | Director | TEMPLE, TX 76504 | | | | | |
| □President | | □President | | | | | | |
| □Vice President | | □Vice President | | | | | | |
| ■ Secretary | □Treasurer | □Secretary | □Treasurer | | | | | |
| □Other | Other | Other ASST TR | EASUR Other | | | | | |
| □Chairman | Name: MARK D ZWERNEMAN | □ Chairman | Name: | | | | | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | | | | | |
| □Director | TEMPLE, TX 76504 | Director | | | | | | |
| □President | | □President | | | | | | |
| □Vice President | | □Vice President | | | | | | |
| □Secretary | □Treasurer | ☐ Secretary | □Treasurer | | | | | |
| Other ASST. S | ECRETA 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. MARK D ZWERNEMAN | | | | | | | | |
| 12. 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. | | | | | | | | |

OFFICER- ASST. SECRETARY

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

Ruth R. Hughs Secretary of State

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



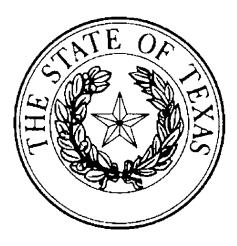
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Velocity Freight Transport, Inc. (file number 802587607), a Domestic For-Profit Corporation, was filed in this office on November 18, 2016.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 25, 2021.



Ruth R. Hughs Secretary of State

: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 1037592890003

Phone: (512) 463-5555 Prepared by: SOS-WEB