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COVER LETTER

	tration Section ion of Corporations					
SUBJECT:	A&E Trucking Servi	ces, LLC.				
		Name of corporat	on - must	include suffix		
Dear Sir or M	adam:					
"Certificate o	"Application by For f Existence," or "Ce ced foreign corporat	rtificate of Good S	tanding" a	nd check are subm	Business in Florida," itted to register the	
Please return	all correspondence o	concerning this mat	ter to the	following:		
Esmeralda San	Andres					
		Name	of Person			
A&E Trucking	Servicees, LLC.					
<u>, — — — — — — — — — — — — — — — — — — —</u>		Firm/C	ompany			
5051 Castello	Dr. Suite 242					
		Ad	dress			
Naples, FL 34	103					
		City/Stat	e and Zip	code		
esme@aetruck	ingservices.com					
	E-mail	address: (to be use	d for futu	re annual report no	tification)	
For further in	formation concernin	g this matter, pleas	e call:			
Esmeralda San	Andres	at (403	4031868		
Nam	e of Person	Area C		Daytime Telepho	one 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			
Enclosed is a Please make ch □ \$70.00 Fil	•	ving amount: RIDA DEPARTME 75 Filing Fee & tificate of Status	□ \$78.7	ATE 5 Filing Fee & fied Copy	\$87.50 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.

1. A&E Trucking	Services, LLC.				
	corporation; must include "INCORPORATED, Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION			
A&E Trucking	Services FL, LLC.				
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)		
2. Rhode Island	3	46-4049844			
(State or count	try under the law of which it is incorporated)	(FEI number, if applicable)			
4 11/06/2013	5				
(Dat	te of incorporation)	(Date of duration, if other t	(Date of duration, if other than perpetual)		
6.					
·		n Florida, if prior to registration)			
	•	502, F.S., to determine penalty liabilit	(y)		
7. 5051 Castello D	r, Suite 242, Naples, FL 34103		· · · · · · · · · · · · · · · · · · ·		
	(Principal off	ice street address)			
	(Current maili	ng address, if different)			
8. Name and stro	cet address of Florida registered agent; (P.C	O. Box NOT acceptable)	21		
Name:	Esmeralda San Andres				
0.65	5051 Castello Dr, Suite 242		[30 [30		
Office Address:			- 171 <u>5</u> ; 印		
		, Florida			
	(City)	(Zip code)	PM 4: 36		
9. Registered as	gent's acceptance:		»··· 3		

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 Esmeralda San Andres Chairman Name: _____ □Chairman Address: 5051 Castello Dr. Suite 242 □Vice Chairman ☐ Vice Chairman Address: Naples, FL 34103 Director □ Director ■ President □ President ☐ Vice President ☐ Vice President □ Treasurer Treasurer □ Secretary ☐ Secretary ☐Other _____ □Other _____ □Other ____ □Other _____ Name: _____ Name: □ Chairman □ Chairman □Vice Chairman Address: _____ Address: ____ □Vice Chairman □ Director Director □ President □ President □Vice President _____ ☐ Vice President ☐ Treasurer ☐ Secretary ☐ Treasurer ☐Secretary Other _____ □Other ______ □ Other _____ □Other _____ □ Chairman Name: _____ □ Chairman Name: □Vice Chairman Address: ____ □Vice Chairman Address: □ Director □ Director □ President ☐ President □Vice President _____ ☐ Vice President □Treasurer □Treasurer □ Secretary □ 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

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.

13. Esmeralda San Andres

State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea. Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

A&E Trucking Services, LLC

is a Rhode Island Limited Liability Company organized on November 06, 2013.

I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

STATE OR RHOOK GLAME

SIGNED and SEALED on

Tulli U. Soler

July 21, 2021

Secretary of State

Certificate Number: 21070072110

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: ymendez