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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AT PLUS CORP Account Number : I20140000060 Phone : (305)406-3800 Fax Number : (305)406-3999

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FOREIGN PROFIT/NONPROFIT CORPORATION. 171 **R&L TRANSPORT OF NJ INC**

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT 89 F∷► H F∷► HY BUSINESS IN FLORIDA

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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.

"Inc" "Co.," "Co	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")		
(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacti	ng business in Florida)
NEW JERSEY 3.		83-3546409	
(State or country 10/12/2018	under the law of which it is incorporated)	(FEI number, if a	
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
08/11/2021	or mesiporationy	(= === == ===== == == =================	· r · · · r · · · · · · · · · · · · · ·
411 GREEN SPI	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150. RING DR JACKSONVILLE, FL 32246	2, F.S., to determine penalty liabi	lity)
	(Principal office	street address)	
2411 GREEEN S	PRING DR JACKSONVILLE, FL 32246		
	(0,	10 1100	
	(Current mailing	address, if different)	
Name and stree	(Current mailing et address of Florida registered agent: (P.O.		
Name and stree			. 12
Name:	et address of Florida registered agent: (P.O.		
Name:	et address of Florida registered agent: (P.O. LUIS VELAZQUEZ 2411 GREEN SPRING DR	Box <u>NOT</u> acceptable)	21 1:521
	et address of Florida registered agent: (P.O. LUIS VELAZQUEZ 2411 GREEN SPRING DR		21 105 24 1
Name: fice Address:	et address of Florida registered agent: (P.O. LUIS VELAZQUEZ 2411 GREEN SPRING DR JACKSONVILLE (City)	Box <u>NOT</u> acceptable)	21 153 24 単 15 24 1
Name: fice Address: Registered agains been name	LUIS VELAZQUEZ 2411 GREEN SPRING DR JACKSONVILLE (City) ent's acceptance: led as registered agent and to accept service	Box NOT acceptable) , Florida 32246 (Zip code)	ed corporation quipe pla
Name: fice Address: Registered againg been namesignated in this	LUIS VELAZQUEZ 2411 GREEN SPRING DR JACKSONVILLE (City) ent's acceptance: end as registered agent and to accept service application, I hereby accept the appointment.	Box NOT acceptable) , Florida 32246(Zip code) e of process for the above statent as registered agent and ag	ed corporation at the plane to act in this capacit
Name: fice Address: Registered agiving been namesignated in this other agree to c	LUIS VELAZQUEZ 2411 GREEN SPRING DR JACKSONVILLE (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes releases	Box NOT acceptable) , Florida 32246, Cip code) e of process for the above statent as registered agent and aguative to the proper and complex.	ed corporation at the plane to act in this capacit
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Name: fice Address: Registered againg been namesignated in this riber agree to c	LUIS VELAZQUEZ 2411 GREEN SPRING DR JACKSONVILLE (City) ent's acceptance: led as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes releases	Box NOT acceptable) , Florida 32246, Cip code) e of process for the above statent as registered agent and aguative to the proper and complex.	ed corporation at the plane to act in this capacit

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.

s.817.155, F.S.

A. DIRECTORS d#dadQX	Name: LUIS VELAZQUEZ	⊡Chairman	Name:
□Vice Chairman	2411 GREEN SPRING DR	□Vice Chairman	Address:
□ Director	JACKSONVILLE, FL 32246	□ Director	, total c.i.s.
President		□President	
		□Vice President	
□ 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	□Treasurer
Other	□ Other	□Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		Director	<u> </u>
□President		□President	
□Vice President		☐ Vice President	
Secretary	Treasurer	□ Secretary	☐Treasurer
Other	Other	□Other	Other
individuals may b		tment of State Annual Retor or Officer	eport form.
The officer or dir	ector signing this document (and who is listed in nu- false information submitted in a document to the De	mber 11 above) affirms the partment of State constitution	hat the facts stated herein are true and that he of utes a third degree felony as provided for in

13. Luis Velazque2
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

R&L TRANSPORT OF NJ INC 0450349155

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 12, 2019.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

LUIS VELASQUEZ 302 AUTUMN HHLL MORGANVILLE , NJ 07751



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of August, 2021

Elizabeth Maher Muoio State Treasurer

dee A Mun

Certificate Number: 6122459285

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Vertfy_Cert.jsp