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(R	lequestor's Name)	
(A	ddress)	<u>_</u> . _ _
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(C	Sity/State/Zip/Phone #)
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(8)	usiness Entity Name)	
(C	ocument Number)	
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AUG 26 2021 M. SOLOMON

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: SEFA TRANSPORTATION, I	NC.		
ЗОВО		corporation	- must include suffix	
Dear S	ir or Madam:			
"Certi	nclosed "Application by Foreign Corp ficate of Existence," or "Certificate o referenced foreign corporation to tran	f Good Stand	ding" and check are submi	Business in Florida," tted to register the
Please	return all correspondence concerning	g this matter	to the following:	
ANGE	LO TREMOLADA			
		Name of I	Person	
THE S	EFA GROUP, INC.			
		Firm/Com	pany	
217 CI	EDAR ROAD			
		Addre	SS	· · · · · · · · · · · · · · · · · · ·
LEXIN	NGTON, SC 29073			
		City/State ar	nd Zip code	
ATRE	MOLADA@SEFAGROUP.COM			
	E-mail address: (to be used for	or future annual report not	ification)
For fu	rther information concerning this mat	ter, please ca	all:	
ANGELO TREMOLADA at (803) 358-1382				
	Name of Person	Area Code	Daytime Telephor	ne Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion corations
Please	sed is a check for the following amou make check payable to: FLORIDA DEF 0.00 Filing Fee	ARTMENT Fee & - 🗆		 \$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.

	O.F. War.	dopted for the purpose of transacting business in Florida)		
2. SOUTH CAROLINA (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
	y and an are	(FEI number, if applicable)		
I. JANUARY 22	nd, 2015 5.	(Date of duration, if other than perpetual)		
		(Date of duration, if other than perpetual)		
August 10th, 2	021			
	(Date first transacted business in			
217 Coder Bood	(SEE SECTIONS 607.1501 & 607.150	12, F.S., to determine penalty hability)		
	- Lexington, SC 29073			
	(Principal offic	e street address)		
				
	(Current mailing	address, if different)		
			:	
. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	7	
	C T Corporation System		- 4 <u>.</u>	
Name:		نة ب	<u>.</u>	
	1200 Cauth Ding Jaland Dood			
Name: Office Address:	1200 South Pine Island Road			
	-	, Florida <u>33324</u> (Zip code)	3775	

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	Tom Hendrix		Gregg H	endrix			
☐ Chairman	Name: Tom Hendrix 217 Cedar Road	■ Chairman	Name: 217 Cedar Road			-	
□Vice Chairman	Address:	□Vice Chairman				_	
Director	Lexington, SC 29073	Director	Lexington, SC	29073			_
□President		President					_
□Vice President		□Vice President			<u> </u>		_
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	□Other	□Other		□Other			_
	Lee Ann Wagner	□Chaiπnan	Bret Har	тis			
□ Chairman			Name: 217 Cedar Road				
□Vice Chairman	Address:	☐ Vice Chairman	Address:			_	
Director	Lexington, SC 29073	□Director					_
□President		□President					_
□Vice President		■Vice President					_
□Secretary	□Treasurer	■ Secretary		Treasure		~ 3	
Other	□Other	□Other		□Other _			_
						AUG 2	
□Chairman	Name:	□Chairman	Name:		327 70	<u>ယ</u>	-¦-
□Vice Chairman	Address:	□Vice Chairman			- //. - //.	<u> </u>	_ <u>;</u>
□Director		□Director			# <u>S</u>	<u>မှ</u>	_
□President		□President		 			_
□Vice President		□Vice President		·			_
□Secretary	□Treasurer	□Secretary		□Treasure	er		
□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. 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.

Bret Harris - Chief Financial Officer

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

SEFA TRANSPORTATION, INC., a corporation duly organized under the laws of the State of South Carolina on January 22nd, 2015, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 17th day of August, 2021.

Mark Hammond, Secretary of State