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	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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S. ROBERTS SEP 1 2 2022

INC. P.	236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666				
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PECIAL STRUCTIONS:

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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.

ı	RoadSyne,	Inc.
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(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.")

(If name unavail	able in Florida, enter alternate corporate na	me i	dopted for the purpose of transacting bu	siness in	Florida)
Delaware		3.	47-3027954		
(State or countr	y under the law of which it is incorporated;)	(FEI number, if application	ible)	
February 4, 201	5	5.			
(Date	of incorporation)	•	(Date of duration, if other than	perpetua	1)
			Florida, if prior to registration) 92, F.S., to determine penalty liability)		
730 Peachtree Sti	reet, NE, Suite 830. Atlanta, GA 30308				
	(Principal	offic	e <u>street</u> address)		
	(Current ma	iling	address, if different)		
. Name and <u>stree</u> Name:	et address of Florida registered agent: (Registered Agent Solutions, Inc.	P.O	Box <u>NOT</u> acceptable)	The state	2022 SEP 1
ffice Address:	155 Office Plaza Dr. Suite A			 	2 AM
	Tallahassee		, Florida ³²³⁰¹		4 9։ Լլ
	(City)		(Zip code)	f .	

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.

Mackenzie Hart, Asst, Secretary (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.

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ROADSYNC, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROADSYNC, INC." WAS INCORPORATED ON THE FOURTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 204359822 Date: 09-09-22

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You may verify this certificate online at corp.delaware.gov/authver.shtml

DocuSign Envelope ID: DF0885E4-F56F-41CB-BF41-B2F9E678DBB1

A. DIRECTORS

. 🗆 Chaimian	Robin Gregg	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	Suite 830	Director	Suite 830
President	Atlanta, GA 30308	President	Atlanta, GA 30308
□Vice President		□Vice President	
Secretary	Treasurer		
Chief Lxecut	ive Officer	□Other	D0ther
□Chairman □Vice Chairman ■Director	TJ Nahagian Name:	□Chairman □Vice Chairman ■Director	Name:
President	Atlanta, GA 30308		Atlanta, GA 30308
□Vice President		□Vice President	
Secretary			
□Other	Other	□Other	Other
	Name:		Name:
	Address:	□Vice Chairman	Address:
Director		Director	
□President		□President	
□Vice President		□Vice President	
	Treasurer	Secretary	
00ther	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. Form Grung

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.

13. Robin Gregg, Chief Executive Officer