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M. SOLOMON

COVER LETTER

Division of Corporations			
SUBJECT: SCF Transport Inc Name of corporation - must			
Name of corporation - mus	st include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Author" Certificate of Existence or "Certificate of Good Standing above referenced foreign corporation to transact business in I	and check are submitted to register the		
Please return all correspondence concerning this matter to the	e following:		
Shannon Fletcher or Tam: Name of Person	Bentley	<u>.</u>	
SCF Transport Inc		2022	
SCF Transport Inc Firm/Company		100	• .:
11395 Hwy 76		<u>ည်း</u> ယ	1
Address Adel GA 3/620 City/State and Zip		ni. 2015 - 3 8	
Adel, GA 3/620 City/State and Zity	o code	بيّ _تين	
SCFTRANSPORTING @ E-mail address: (To be used for fut	GMATL. COM cure annual report notification)	68 	
For further information concerning this matter, please call:			
Tami Bentley at (813)	525-3778		
Name of Person Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF S \$\Boxed{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi{\text{\texi}\texi{\text{\texiclex{\text{\texi\	STATE .75 Filing Fee &	-ce.	
~	tified Copy Certificate of S	Status &	

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.

i.	SCF TRANSPORT INC	
	(Enter name of corporation; must include "INCORPORATED, "COMPANY "CORPORATION, "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")	
	T + SCF TRANSPORT INC	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2.	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	(Date of incorporation) 5. Perpetual (Date of duration, if other than perpetual)	
	(Date of incorporation) (Date of duration, if other than perpetual)	
6.	None yet	
	(Date first transacted business in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7.	11395 Hwy 76, Adel, GA 31620 (Principal office street address)	
		2
	Same (Current mailing address, if different)	122
	(Current mailing address, if different)	1130 OCT
	N	ω i
8,	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	<u> </u>
	Name: Shannon Fletcher	FK 12: 08
o	Office Address: 908 W Spencer St.	0
	Plant City Florida 33563 (Zip code)	

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.

(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							
□Chairman	Name: Tami Bentley			nnon Fletcher			
□Vice Chairman	Address: 11395 Hwy 76	□Vice Chairman	Address: //	395 Hwy 76			
□Director	Adel, GA 31420	Director	Adel,	GA 31620			
□President		A 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					
□President		□President					
□Vice President		□Vice President		2022			
☐ Secretary	□Treasurer	□Secretary		Treasurer 24 13			
□(nher	Other	□Other		□Other			
□Chairman	Name:	□Chairman	Name:	#12: 06			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐Secretary	Treasurer	☐ Secretary		□Treasurer			
□Other	□ () ther	□Other		Other			
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department of Director of Signature of Director of	nt of State Annual Re	eport 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 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. Tami Bentley - Secretary (Typed or printed name and capacity of person signing application)							
(Typed exprinted name and capacits of person signing application)							

Control Number: 22169899

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the scal of my office that

SCF Tranport Inc

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23758641 Date Inc/Auth/Filed: 08/01/2022 Jurisdiction : Georgia Print Date : 10/09/2022 Form Number : 211



Brad Raffangeger

Brad Raffensperger Secretary of State