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### **COVER LETTER**

TO:	Registration Sec Division of Cor					
SUB.	IECT:	The Terminal C	orpora	tion		
		Name of corpora	ation - ir	nust include suffix		
Dear :	Sir or Madam:					
"Certi	ficate of Existence	on by Foreign Corporation c," or "Certificate of Good n corporation to transact bu	Standing	g" and check are subn		
Please	return all corresp	ondence concerning this m	atter to I	he following:		
		Perry Men	zies			
		Nam	e of Pers	son		
		The Terminal C	orpora	tion		
		Firm/	Compan	У		
1657	'-A S. Highlar	nd Avenue				
	<del></del>		Address			
Balt	imore, Maryla	and 21224				
		City/Sta	ate and 2	Cip code		
pmer	zies@termcorp					
		E-mail address: (to be u	sed for f	uture annual report no	otification)	
For fu	rther information	concerning this matter, plea	ase call:			
Per	ry Menzies	at (410	0 )	246-0500		
	Name of Person		Code	Daytime Teleph	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		
Please		he following amount: to: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 8.75 Filing Fee & ertified Copy	S87.50 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	The Terminal Corporation							
(Ente "Inc.	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")							
(If na	ıme unavail	able in Florida, enter alternate corporat	e name ado	opted for the purpose of transacting business in Florida	<u> </u>			
2	Maryl	and	3	52-1349205				
(Sta	(State or country under the law of which it is incorporate		ited)	(FEI number, if applicable)				
4	May 11, 1984		5.	Perpetual				
	(Date of incorporation)			(Date of duration, if other than perpetual)	_			
6	N/A							
		(Date first transacted but	siness in F	lorida, if prior to registration) 2. F.S., to determine penalty liability)	_			
~ i	657_A S			•				
71	1657-A S. Highland Avenue, Baltimore, Maryland 21224  (Principal office <u>street</u> address)							
		(Curren	t mailing a	iddress, if different)				
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Keith Jones								
Office A		11801 Industry Drive			$\overline{\omega}$			
		Jacksonville		, Florida <u>33218</u>	PH 4	4 * .		
		(City)		(Zip code)	€: 5	* 75-		
9. Regis	stered age	nt's acceptance:			<del>L</del>			

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) Keith Jones

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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

#### A. DIRECTORS M Chairman Name: Scott Menzies Name: Jay Watt □Chairman 1657-A South Highland Ave. □Vice Chairman Address: 1657-A South Highland Ave. □Vice Chairman Address: \_\_\_\_\_ Baltimore, MD 21224 Baltimore, MD 21224 Director □ Director □ President ☐ President DVice President ☐ Vice President ☐ Sccretary ☐Treasurer ☐Sccretary **⊠**Treasurer Other\_\_\_\_ ☐Other \_\_\_\_\_ []Other \_\_\_\_\_ Other \_\_\_\_ □Chairman Name: Perry Menzies Name: Peter Menzies □Chairman 1657-A South Highland Ave. 1657-A South Highland Ave. □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_ Baltimore, MD 21224 Director. Baltimore, MD 21224 Director ☐President ☼President □Vice President \_ ☐Vice President ☐Scoretary Treasurer **D**Secretary ☐ Treasurer □Other\_\_\_\_\_ □Other \_\_\_\_\_ []Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: □ Chairman Name: □ Vice Chairman Address: □Vice Chairman Address: \_\_\_\_ ☐ Director □Director □ President □President ☐ Vice President □Vice President ☐ Sccretary □Treasurer ☐ Secretary ☐ Treasurer □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 H 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.

Perry Menzles, Director

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT THE TERMINAL CORPORATION (D01711936), INCORPORATED MAY 11, 1984, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 07, 2024.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice