# F2400000 2930

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### **COVER LETTER**

TO:	Registration Section Division of Corporations			
SHRI	ECT: Landmark Trucking, Inc.			
50 D.	Name of	corporation -	must include suffix	
Dear S	iir or Madam:			
"Certi	iclosed "Application by Foreign Corp ficate of Existence," or "Certificate of referenced foreign corporation to tran	Good Stand	ing" and check are subm	Business in Florida." itted to register the
Please	return all correspondence concerning	this matter t	o the following:	
Marcia	E. Howard			
		Name of P	erson	
Lowe &	& Schoolar, PC			
		Firm/Comp	any	
7 Ogle	thorpe Professional Blvd., Suite 1			
		Addres	SS	
Savanr	iah, GA 31406			
	(	City/State an	d Zip code	
marcia	@savlawgroup.com			
	E-mail address: (	to be used fo	r future annual report no	tification)
For fu	rther information concerning this mat	ter, please ca	II:	
Marcia	E. Howard	912	234-2581	
	Name of Person	Area Code	Daytime Telepho	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	sed is a check for the following amount make check payable to: FLORIDA DEP 0.00 Filing Fee	ARTMENT (	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$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.

If name unavail	able in Florida, enter alternate comparate name as	donted for the purpose of transac	ting husiness in Florida			
Georgia	available in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)					
	y under the law of which it is incorporated)	(FEI number, if	annlicable)			
November 17, 1	908	·	••			
	5	(Date of duration, if other	er than perpetual)			
(1,241)	, or morporation,	(12 - 12 - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14	pp,			
717 E 5th Ave	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		pility)			
1717 E. 5th Ave.	(Dringing) office	e <u>street</u> address)				
		e <u>street</u> address)				
Tampa FL 3360	)					
Tampa, FL 3360		address, if different)				
ampa, FL 3360		address, if different)				
<u> </u>		·				
Name and <u>stre</u>	(Current mailing	·				
Name and streen Name:	(Current mailing et address of Florida registered agent: (P.O.	·	2024.			
Name and <u>stre</u> Name:	(Current mailing et address of Florida registered agent: (P.O.  CT Corporation System  1200 South Pine Island Rd.	·	2024 MAY 1			
Name and <u>stre</u> Name:	(Current mailing et address of Florida registered agent: (P.O.  CT Corporation System  1200 South Pine Island Rd.	Box NOT acceptable)	2024 MAY 13			
Name and <u>stre</u> Name: fice Address:	(Current mailing  et address of Florida registered agent: (P.O.  CT Corporation System  1200 South Pine Island Rd.  Plantation  (City)	Box NOT acceptable) , Florida 33324	2024 MAY I 3 PH			
Name and streen Name:  Tice Address:  Registered agwing been name	(Current mailing  et address of Florida registered agent: (P.O.  CT Corporation System  1200 South Pine Island Rd.  Plantation  (City)  ent's acceptance:  ned as registered agent and to accept service	Box NOT acceptable) , Florida 33324 (Zip code)  e of process for the above sta	ted corporation of the			
Name and stree Name: Tice Address: Registered ag aving been nan signated in this	(Current mailing  et address of Florida registered agent: (P.O.  CT Corporation System  1200 South Pine Island Rd.  Plantation  (City)  ent's acceptance:  the description agent and to accept services application, I hereby accept the appointment of the provisions of all statutes religious.	Box NOT acceptable) , Florida  , Florida   (Zip code)  e of process for the above statent as registered agent and agent and agent to the proper and comp	ted corporation we the gree to act in this cap			
Name: Tice Address:  Registered ag aving been nan signated in this of the state of	(Current mailing  et address of Florida registered agent: (P.O.  CT Corporation System  1200 South Pine Island Rd.  Plantation  (City)  ent's acceptance:  ned as registered agent and to accept services application, I hereby accept the appointment	Box NOT acceptable) , Florida  , Florida   (Zip code)  e of process for the above statent as registered agent and agent and agent to the proper and comp	ted corporation of the gree to act in th <b>is</b> cap			

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

under the law of which it is incorporated.

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

A. DIRECTORS							
□Chairman	Name: Austin J. Taylor	□Chairman	Name: Austin J. Taylor				
□Vice Chairman	Address: PO Box 6774	□Vice Chairman	Address: PO Box 6774				
□Director	Rockford, IL 61125	□Director	Rockford, IL 61125				
President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	■ Secretary	□Treasurer				
□Other	Other	□Other	Other				
□Chairman	Heather Evans	□ Chairman	Name:				
□Vice Chairman	Address: PO Box 6774	□Vice Chairman	Address:				
□Director	Rockford, IL 61125	□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	☐Secretary:	□Treasurer				
Other Authorize	ed Persor 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				
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.							
13. Austin J. Taylor, President							

Control Number: K842151

## 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 seal of my office that

#### LANDMARK TRUCKING, 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 : 27299730 Date Inc/Auth/Filed: 11/17/1998 Jurisdiction : Georgia Print Date : 05/10/2024

Form Number : 211



Brad Raffensperger

**Brad Raffensperger Secretary of State**