F96000001847

Dear Sir or Madam:	t include suffix) 1 ロロロロ 1 アアワヨ 1 -04/12/9601008007
The enclosed "Application by Foreign Corporation for A Florida", "Certificate of Existence", and check are submoreign corporation to transact business in Florida.	<u> </u>
Please return all correspondence concerning this matter	
NICK FEDERSPIEL	SECRETORNISION OF APR
(Name of Person)	R 12
I, & N TRANSPORTATION	či ^{rs} į́π
(Firm/Company)	PH 4: 15
6508 BARDSTOWN ROAD, SUITE E	15 16 18 16 18 16 18 18 18 18 18 18 18 18 18 18 18 18 18
(Address)	w.t.
LOUISVILLE, KENTUCKY 40291	hor
(City/State/Zip)	
Should you need to call someone concerning this matter,	, please call:
NICK FEDERSPIEL	at (502 °) 231-9213
(Name of Person)	(Area Code & Daytime Telephone Number)

COURIER ADDRESS:

TO:

Qualification/Tax Lien Section Division of Corporations

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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	L & N TRANSPORTATION, INC.		
() ab per	Name of corporation: must include the word "INCORPOF breviations of like import in language as will clearly indic rson or partnership if not so contained in the name at pre	ATED*, "COMPANY", "CORPORATION" or words of cate that it is a corporation instead of a natural sent.)	
2.	KENTUCKY	61-125-1746	
	e or country under the law of which it is incorporated)	3. (FEI number, if applicable)	
4.	OCTOBER 29, 1993	PERPETUAL.	
_	(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual"	7
6	JANUARY 19, 1996		•
	(Date first transacted business in Florida. (SEE SECTIONS	1607.1501, 607.1502, AND 817.155, F.S.)	
7		<u></u>	DIV:
	1001CUTLE PENEGOTO	APR	
	LOUISVILLE, KENTUCKY 40291		없다.
	(Current mailin	- •	3,5
Q	FREIGHT BROKERAGE	PR	골유
Purt	osc(s) of corporation authorized in home state or court	and the second s	
Flori	da)	(to be carried out in the state of	25
9. Nai acc	me and street address of Florida registered eptable)	agent: (P.O. Box or Mail Drop Box NOT	0,
	Name: CRAIG A. FEDERSPIEL		
Office .	Address: 9951 ATLANTIC BLVD, SUITE	#317~1	
	JACKSONVILLE	Florida 32225	
10. Re	gistered agent's acceptance:	(Zip Code)	
Having corpora register all statu and acco	been named as registered agent and to acception at the place designated in this application at agent and agree to act in this capacity. If the stess relative to the proper and complete perform the obligations of my position as registere agent's ached is a certificate of evictoric delications.	in, I hereby accept the appointment as further agree to comply with the provisions of mance of my duties, and I am familiar with d agent. Signature)	

ø^j

12. Names and addresses of officers and/or directors: (Street address ONLY-P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) Chairman: Address: Vice Chairman: Address: _____ Director: Address: ____ Director: ____ Address: ____ B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: NICK FEDERSPIEL 8010 HARRODWOOD COURT Address: _____ LOUISVILLE, KENTUCKY 40291 Vice President: Address: _____ Secretary: TREASURER: LINDA A. CLARK Address: 8010 HARRODWOOD COURT LOUISVILLE, KENTUCKY 40291 Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)



OFFICE OF THE SECRETARY OF STATE

DOMESTIC CORPORATION CERTIFICATE OF EXISTENCE

SECRETARY OF STATE SECRETARY OF STATE FIVE FOR CORPORATIONS

	I, JOH	Y. BROV	VN III, Se	cretary of	State	of the	e Comn	nonw	ealth	of Kentuc	ky, do	hereby
certify		according										
		L & N 7	<u> RANSPO</u>	RTATIO	N, I	NC.						
is a co		n duly orga									of Ke	ntucky
		f incorpo									-, ,,,	
		iod of dura										 '
require:	; that Ai d by KF	certify tha ticles of D RS Chapte of said co	dissolution or 2718,1	i have no 6-220 or	t been	ı filed:	and th	nat th	e mos	st recent s	annust	report
		IESS WHI										

JOHN 1: BROWN III Secretary of State Commonwealth of Kentucky

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