# F97000006872

To: Qualification/Tax Lien Section Division of Corporations	
SUBJECT: C+ H TRUCK i Ng., INC. (Name of corporation - must include suffix)	<u></u>
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Flo "Certificate of Existence", and check are submitted to register the above referenced foreign corporations are submitted to register the above referenced foreign corporations are submitted to register the above referenced foreign corporations.	orida", oration to
Please return all correspondence concerning this matter to the following:	97
MARY CARTER + HAROLD HOUSER (Name of Person)	FII SECRETAR ISION OF 1
C + H TRUCKING, INC. (Firm/Company)	Y OF STATE TORPORATION
49 ORANGE ACRES MHP (Address)	4.6
LAKE WALES, Fl. 33853 (City/State/Zip)	4ntn 12/29
Should you need to call someone concerning this matter, please call:  1000238 -12/26/97 ****131.3	33519 01065005 25_****131.25
MARY CARTER at (941) 537-2641	
(Name of Person) (Area Code & Daytime Telephone Number)	

#### **COURIER ADDRESS:**

Qualification/Tax Lien Section 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 SUBMITTE REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	D TC	)
1. C + H TRUCK'NG, TNC.  (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)		
2. DE AWARS (State or country under the law of which it is incorporated)  3. Applied for (FEI number, if applicable)		<del></del> .
4. DECEMBER 8, 1997 5. PERPETUAL  (Date of incorporation) 5. PERPETUAL  (Duration: Year corp. will cease to exist or "perpetual")		<del>-</del>
6. Upon out if cation (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	971	DIVIO SE
7. 49 ORANGE ACRES MHP	DEC 2	
LAKE WALES, Fl. 33853 (Current mailing address)		
i	ထ္	ST/ORA
8. Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	<u>6</u>	
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		ഗ
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable	)	
Name: MARY CARTER  Office Address: 49 ORANGE ACRES MHP		
Office Address: 49 ORANGE ACRES MHP		
LAKE WALES, Florida, 33853 (Zip code)		
(Zip code)	-	-
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated corporation at the pin this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am and accept the obligations of my position as registered agent.	er agre	ee to
May Carter  (Registered agent's signature)		
// (Registered agent's signature)		
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applica Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction	tion to	the ler the law

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

of which it is incorporated.

## A. DIRECTORS (Street address only - P.O. Box NOT acceptable) Chairman: \_\_\_ Address: \_\_\_ Vice Chairman: Address: \_ Director: HAROLd ACRES MHP Director: MARY CARTER ORANGE ACRES MHP Address: B. OFFICERS (Street address only - P.O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: \_ Treasurer: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

# State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "C & H TRUCKING, 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 SIXTEENTH DAY OF
DECEMBER, A.D. 1997

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID C & H 20 STRUCKING, INC. WAS INCORPORATED ON THE EIGHTH DAY OF DECEMBER A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE.

THE AFORESAID IS THE SIXTEENTH DAY OF DECEMBER, A.D. 1997.



Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

8815730

DATE:

12-16-97

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