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00781-00524-00611-0	10671-#9	Mgnto.
(Requestor's Name)		

800060121918

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Address)

Certified Copies ____

Certificates of Status _

Special Instructions to Filing Officer:

FOR LC

W05-46306

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TRANSMITTAL LETTER

Pro: Registration Section Division of Corporations	
SUBJECT: Transport Support LLC	
(Name of Lim	ited Liability Company)
	bility Company for Authorization to Transact Business in ibmitted to register the above referenced foreign fimited
Please return all correspondence concerning this m	atter to the following:
Lisa Thomason	
(Nar	me of Person)
Allied Holdings, Inc.	
(Fir	m/Company)
160 Clairemont Avenue	
	(Address)
Decatur, GA 30030	
(City/Sta	ate and Zip Code)
For further information concerning this matter, plea	asa anile
To further information concerning this matter, pies	ase can,
Lisa Thomason	404 607 5670
(Name of Person)	at (404) 687-5670 (Area Code & Daytime Telephone Number)
(Name of Person)	(Alea Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of	✓ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 7, 2005

LISA THOMASON ALLIED HOLDINGS, INC. 160 CLAIREMONT AVENUE DECATUR, GA 30030

SUBJECT: TRANSPORT SUPPORT LLC

Ref. Number: W05000046306

We have received your document for TRANSPORT SUPPORT LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete number 9 of the application, Managers/Managing Members name and address.,

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 805A00061114

Joseph M. 8.33

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, A LIMITED LIABILITY COMPANY TO TRANSACT			TITED TO REGISTER A FOREIGN
1 Transport Support LLC	DOM: 1200 11 11121		70 85 T
	f Foreign Limited Li	ability Company)	
2. Delaware	3	38-2349563	F. 27
(Jurisdiction under the law of which foreig company is organized)	n limited liability	(FEI number, if	applicable)
4. 2/23/81	5.	Perpetual	K108.33
(Date of Organization)		(Duration: Year limited liabi exist or "perpetual")	lity company will ce se to
6. 9/1/05			,
(Date first transa	cted business in Flor 501 & 608.502 F.S.	rida, if prior to registration.) to determine penalty liability)	
7. 160 Clairemont Avenue			
Decatur, GA 30030			
	(Street Address o	f Principal Office)	
8. If limited liability company is a ma	inager-managed o	company, check here	
9. The name and usual business addre	esses of the mana	ging members or managers	s are as follows:
Guy Rutland IV	160 Claure	mont Ave Deco	atur GA 30030
keith Rentzel		mont Ave bed	
10. Attached is an original certificate of existent the jurisdiction under the law of which it is orgat translation of the certificate under oath of the tra	nized. (A photocopy	is not acceptable. If the certificate	-
11. Nature of business or purposes to	be conducted or	promoted in Florida:	
Vehicle Transportation		1	·
ノフ	15		
	section 608.408(3), F.S	horized representative of a S., the execution of this document of	onstitutes

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

. The nar	ne and the Florida street address	ss of the registered agent and office are:	
	Corporation Service	Company	
		(Name)	
	1201 Hays Street		
	Florida Street A	ddress (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	

liability company at the place designated in this certificate, I hereby accept the appointment as register agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

(Signature) Jeanine Reynolds

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRANSPORT SUPPORT LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2005.



Warriet Smith Hindson
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4171647

DATE: 09-21-05

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