# M071100013366

(Requestor's Name)
(Requestors Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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SECRETARY OF STATE
ALL AHASSEE FLORING

#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: WSE Transportation, LLC (Name of Limit	ted Liability Company)			
	pility Company for Authorization to Transact Business bmitted to register the above referenced foreign limited			
Please return all correspondence concerning this ma				
Richard E. Straughn, Esquire				
	ne of Person)			
Comcar Industries, Inc.				
	m/Company)	435		
502 E. Bridgers Avenue				
	(Address)			
Auburndale, FL 33823				
(City/Sta	te and Zip Code)			
For further information concerning this matter, plea	ise call:			
Renee Roop, Paralegal	at ( 863 ) 965-6840			
(Name of Person)	(Area Code & Daytime Telephone Number)			
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:	\$155.00 Filing Fee & \$\Bigcup\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified			

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	WSE Transportation, LLC			_
	(Name of Foreign Limited	l Lia	ibility Company)	
2	Delaware	3.	20-1770866	
٠٠.	(Jurisdiction under the law of which foreign limited liability company is organized)	, .	( FEI number, if applicable)	-
4.	08-19-04	5.	Perpetual	
	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	-
6.	10-29-05			_
	(Date first transacted business in I (See sections 608.501 & 608.502 F.	Flor .S. t	da, if prior to registration.) o determine penalty liability) —	
7.	502 E. Bridgers Avenue		O7 .	
	Auburndale, FL 33823			
	(Street Address	ss o	f Principal Office)	) Same
	If limited liability company is a manager-manage		ompany, check here 🗸	
9.	The name and usual business addresses of the ma	na	ging members or managers are as follows:	- August
	Christopher Kozak, 502 E. Bridgers Avenue	e, A	uburndale, FL 33823	_
	Robert Y. Fox, 502 E. Bridgers Avenue, A	۱ub	urndale, FL 33823	<del>.</del>
	Richard E. Straughn, 502 E. Bridgers	Αv	enue, Auburndale, FL 33823	-
the	Attached is an original certificate of existence, no more than 9 jurisdiction under the law of which it is organized. (A photoconslation of the certificate under eath of the translator must be su	ору	is not acceptable. If the certificate is in a foreign language, a	cords i
11	. Nature of business or purposes to be conducted	or i	promoted in Florida: trucking/transportation	-
		, F.S	norized representative of a member, the execution of this document constitutes y that the facts stated herein are true.)	·
	Richard E. Straughn, Ma	-		

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.

1. The name of the Limited Liability Company is:			
WSE Transportation, LLC			_
2. The name and the Florida street address of the registered agent and office are:	SECRE TALLAH	O7 JUN	
Corporation Service Company	H	$\equiv$	emwitz
(Name)	SSE	Ť.	E Large
1201 Hays Street	OF ST	th Hd	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	TATE ORIDA		*****
Tallahassee FL 32301			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 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.

City/State/Zip

Carina L. Duniap Asst. Vice President

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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# Delaware

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WSE TRANSPORTATION, 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 NINTH DAY OF MAY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WSE TRANSPORTATION, LLC" WAS FORMED ON THE NINETEENTH DAY OF AUGUST, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.





Harriet Smith Window Secretary of State

AUTHENTICATION: 5660655

DATE: 05-09-07

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