MIZOX	xxxxxxxx
(Requestor's Name) (Address) (Address)	100235674971
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	DEPARTHENT OF SIATE 12 JUN 15 PM 4: 16
Office Use Only G. MCLEOD JUN 1 8 2012 EXAMINER	<b>FILED</b> <b>12 JUN IS AMILOS</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY			·	°	
	ACCOUNT NO.	:	120000000	)195	
	REFERENCE	:	230263	7647240	
	AUTHORIZATION	÷	melle	man	
	COST LIMIT	: (	\$ 130.00		
ORDER DATE :	June 5, 2012				
ORDER TIME :	10:54 AM				
ORDER NO. :	230263-020				
CUSTOMER NO:	7647240				

## FOREIGN FILINGS

\_\_\_\_\_

NAME :	HORIZON	COACH	LINES	PAYMASTER
	LLC			

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER:

#### **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: Horizon Coach Lines Paymaster LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Chris O'Connor

Name of Person

TMS, Inc.

Firm/Company

17810 Meeting House Rd, Suite 200

Address

Sandy Spring, MD 20860

City/State and Zip Code

coconnor@tms.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Moxley		at(301)	260-2070	
Name of Person		Area Code & Daytime Telephone Number		
MAILING ADDRESS:	<u>51</u>	REET ADDRESS:	•	
Division of Corporations	Di	vision of Corporations		
Registration Section	Re	gistration Section		
P.O. Box 6327	Ch	ifton Building		
Tallahassee, FL 32314	26	61 Executive Center Circl	e	
	Ta	llahassee, FL 32301		
Enclosed is a check for the following	amount:			
<b>\$125.00 Filing Fee \$130.00 F</b>		S155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certificate of Status & Certified Copy	

## 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. Horizon Coach Lines Paymaster LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")

2.	Maryland 3, 45-5404906	
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	06/07/2012 (Date of Organization) 5. (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	(Date first transacted business in Florida, if prior to registration.)	
	(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	17810 Meeting House Rd, Suite 200	
	(Street Address of Principal Office)	1
	If limited liability company is a manager-managed company, check here $\Box$	
9.	The name and usual business addresses of the managing members or managers are as follows:	$\bigcirc$
	Frank Sherman, 17810 Meeting House Rd, Suite 200, Sandy Spring, MD 20860	

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Transportation

Signature of a member or an authorized representative of a member. (In accordance with section 508,408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Chris O'Connor

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:

Horizon Coach Lines Paymaster LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company (Name) 1201 Hays Street Florida Street Address (P.O. Box <u>NOT</u> ACCEPTABLE)

 Tallahassee
 FL 32301

 City/State/Zip

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.

Corporation Service Company

By: - Stephonis Milnee Stephanie K. Milnes Assistant 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)

# **STATE OF MARYLAND** Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT HORIZON COACH LINES PAYMASTER LLC, REGISTERED JUNE 07, 2012, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 15, 2012.

Paul B. Underson

Paul B. Anderson Charter Division

crbink



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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