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☐ PICK-UP	WAIT	MAIL			
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Certified Copies	Certificates	s of Status			
Special Instructions to	n Filing Officer				
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## , $\mathbf{COVER}$ LETTER

TO: Registration Section Division of Corporations

SUBJECT:		Capital Trans	portation Group	, LLC			
SUBJECT		Name of I	imited Liability (	Company			
		eign Limited Liability Comp d to register the above refere					
Please return al	l correspondence c	oncerning this matter to the	following:				
	Kimberly Step	hens					
	<del>., , </del>	Na	me of Person		<del>,, ,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
	Capital Transportation Group, LLC						
	Firm/Company						
	PO Box 151						
	Address						
	Estero, FL 33929						
	City/State and Zip Code						
	kim.stephens(	@ctgfreight.com					
	***************************************	E-mail address: (to be used	for future annual	report not	fication)		
For further info	rmation concerning	g this matter, please call:					
Kimbe	erly Stephens		239 at (	676-	1814		
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Division Regist P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
	neck for the follow 5.00 Filing Fee	ing amount:  \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Capital Transportation		-41:	· · · · · · · · · · · · · · · ·
Name of Pore (Name of Pore		e "Limited Liability Company," "L.L.C.," or "LLC.")	
	ternate name adopted for the purpose of trans	sacting business in Florida. The alternate name must in	nclude "Limited
2. Alabama		47-3972239	
	of which foreign limited liability  3.	(FEI number, if applicable)	
4.	N/A		
1868 Costarides Stre	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	orida, if prior to registration.) S. to determine penalty liability)	
5. Mobile, AL 36617		, , , , , , , , , , , , , , , , , , ,	دم
6. 1868 Costarides Stree	(Street Address of Principal et	Office)	A Company
Mobile, Al. 36617			
	(Mailing Address)	)	취증
	s of Florida registered agent: (P.O. Box Northrop Financial Group, LLC	NOT acceptable)	
Name: Office Address:	13700 Six Mile Cypress Pkwy, Suite	 e 2	慧可
Office Address.	Fort Myers	, Florida 33912	
	(City)	(Zip code)	
designated in this applicate to complywith the provision to the complywith the provision to the complywith the provision to the comply with the complete	gistered agent and to accept service of p tion, I hereby accept the appointment a	process for the above stated limited liability comes registered agent and agree to act in this capace and complete performance of my duties, and I do	ity. I further agree
	(Registered age	ent's signature)	
	city and address of the person(s) who ha sident/Co-owner 20265 Royal Villagi		
Marcus Stephens, Co-o	wner 20265 Royal Villagio Ct, Unit 2	02 Estero, FL 33928	_ _
jurisdiction under the law of the translator must be su	of which it is organized. (If the certificate abmitted)  **Teple**  Signature of an au	duly authenticated by the official having custody the is in a foreign language, a translation of the certathorized person  (b), Florida Statutes. I am aware that any false in	tificate under oath
	the Department of State constitutes a thi Kimberly Stephens	ird degree felony as provided for in s.817.155, F.3	
	Typed or printed na	ame of signee	

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Capital Transportation Group, L.L.C. was formed in Mobile County, Alabama on April 8, 2015. The Alabama Entity Identification number for this entity is 333-503. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

12/22/2015

Date

X 2. Muill

John H. Merrill

**Secretary of State**