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(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

FILED

D. BRUCE JUN 12 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 27, 2017

CLAVON O BENNETT 895 WYMORE ROAD #919A ALTAMONTE SPRINGS, FL 32714

SUBJECT: C&F TRANSPORTATION, LLC

Ref. Number: W17000036246

We have received your document for C&F TRANSPORTATION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 417A00088259

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	
	Name of Limited Liability Company
The encl Existence	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please re	eturn all correspondence concerning this matter to the following:
	Clavor O BENNETT
	Name of Person
	Firm/Company
	895 WYMONE Ped # 919A Address
	Address
	Altomonte Spungs, Fl 32714 City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fireth	er information concerning this matter, please call:
i or rurar	C. Avon C Bennett at 677 602-97 The Name of Contact Person Area Code Daytime Telephone Name
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	is a check for the following amount: \$\Bigsis \text{\$\frac{1}{2}\$}\$ \$125.00 \text{ Filing Fee} \text{\$\frac{1}{2}\$}\$ \$130.00 \text{ Filing Fee} \text{\$\frac{1}{2}\$}\$ \$155.00 \text{ Filing Fee} \text{\$\frac{1}{2}\$}\$ \$160.00 \text{ Filing Fee, Certificate of Status}\$ Certificate of Status \$\text{Certified Copy}\$

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: C + F TRANSPORTATION LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") H Transportation LLC
une adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." "LLC," or "LLC.") 81-1460366 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) WYNORE WYMORE TRUBE (Street Address of Principal Office) (Mailing Address) 9194 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Registered agent's acceptance: 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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Passident (Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **C&F TRANSPORTATION**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 3, 2016, and is in good standing in this state.

SEAL OF THE OF

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 3, 2017.

BARBARA K. CEGAVSKE Secretary of State

Borbora K. Cegarske

Electronic Certificate
Certificate Number: C20170103-0009
You may verify this electronic certificate
online at http://www.nvsos.gov/