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D. SCOTT JUL 11 2017



June 28, 2017

DUVAR SAMAR DAVIS 2275 NW 96TH ST MIAMI, FL 33147

SUBJECT: D. DAVIS TRANSPORTS LLC

Ref. Number: W17000053681

We have received your document for D. DAVIS TRANSPORTS LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please type or print name of signee.

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) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 917A00013090

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17 JUL -7 JULIII 45 SAGELMA GESIALE

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

IN COMPLIANCE WITH SIX TION 605 0002, FLORIDA STATUTES COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA	, THE FOLLOWING IS SUBMITTED TO REGIS I:	STER A FOREICEN LIMITED LIABILITY
1 (Name of Foreign Limited valuity Company, must include	rans Ports LLC	
III name unavailable, enter allernate name adopted for the purpose of transacting busing the company of the law of which foreign limited liability company is organized.	νι : Qa-nπη331	
4. Ob/13/2017 **Date first hansacted humness in Horida 15 of sections 607 0904 & 605 09015, F.S.	if prior to registration.) to determine penalty liability)	
	6. 3275 NW 9	WH STREET
Miami, Florida 33147	Miami, Flor	Riva 33147
7. Name and street address of Florida registered agent: (P.		·
Office Address: 2275 NW 96		
	iami Florida 3314	η
Having been named as registered agent and to accept serve designated in this application. I hereby accept the appoints to comply with the provisions of all statutes relative to the and accept the obligations of my position as registered uge	ment as registered agent and agree to act proper and complete performance of my	in this capacity. I further agree duties, and I am familiar with
8. The name, title or capacity and address of the person(s) Title or Capacity: Name and Address:	who has/have authority to manage is/are: Title or Capacity:	Name and Address:
MEMBER JUVAR SAMA 2015 NW 96-11 MIAMI, FL 32	c Davis Street	
(Use attachments if necessary)		\$3 \$3
9. Attached is a certificate of existence, no more than 90 day jurisdiction under the law of which it is organized. (If the certof the translator must be submitted)		
Linax Damak	JONED Suprature of an authorized person	100000000000000000000000000000000000000
10. This document is executed in accordance with section 60, submitted in a document to the Department of State constitute.	es a third degree felony as provided for in	re that any false information s.817.155, F.S.



NORTH CAROLINA Department of the Secretary of State

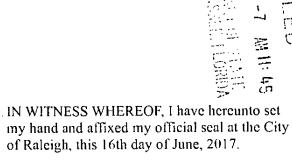
CERTIFICATE OF EXISTENCE (Limited Liability Company)

l, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

D. DAVIS TRANSPORTS LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 17th day of March, 2017, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.







Scan to verify online.

Secretary of State

6 laine I. Marshall

Certification# 100785184-1 Reference# 13901500- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification