

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	π <b>e</b> )
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_
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## COVER LETTER

TO:

Registration Section

Division of Corporations				
SUBJECT: Both Tango	Hation L Name of	Limited Liability Comp	any	
The enclosed "Application by Foreign Li Existence, and check are submitted to reg				
Please return all correspondence concern	ing this matter to the	following:		
	bert Hai	the ock		
	BaH Tromy	rm/Company		
. <u></u>	<u> 556 G</u>	lucilwood Ct		
	·	A 327 13 late and Zip Code		
For further information concerning this m		i ioi tuture amuai repoi	t notification)	
Bob Haithcock Name of Conta	et Person	at ( 33 6 )	Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divi Regi Clift 2661	EET ADDRESS: sion of Corporations stration Section on Building Executive Center Circle shassee, FL 32301	
	ount: 80.00 Filing Fee & ficate of Status	☐ \$155.00 Filing Fee Certified Copy	& Z \$160.00 Filing Fee, Certificate of Status & Certified Copy	:

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS in FLORIda

IN COMPLANCE WITH SECTION 005/0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANYTO TRANSACT BUSINES	S INTHE STATE OF FLORIDA:		
1. Ball Trans	portation, LCC	mited Liability Company," "L.L.C.," or "L.L.C.	
(Name of Foreign Limite	A Liability Company/must include "Lis	mited Liability Company," "L.L.C.," or "LLC.	")
ill name unavailable, enter alternate name ade	opted for the purpose of transacting business (	n Florida. The alternate name most include "Limited I	iability Company," "L.L.C," or "LLC")
2. (Jurisdiction under the law of which fore			
(Jurisdiction under the law of which fore	rign limited liability company is organized)	3	mber, if applicable)
4			
13	Date first transacted business in Florida, if pri- See sections 605 0004 & 605,0905, F.S. to de	terroine penalty liability)	•
5. 556 Quail Street Address of Principal	woods at	6. <b>556</b> Q 0 0 6 (Mading A	ilwords Ch
Delsan A	L 32713	Dalogy TLA	
<ol> <li>Name and <u>street address</u> of I</li> </ol>			
Name:	BOB Hathcock		
Office Address:	556 Quail woods Deboy	cor	
Office radicas.	Deloon	377	כול
	(City)	Florida Zips	ode1
Registered agent's acceptance			
		of process for the above stated limit	
		nt as registered agent and agree to a oper and complete performance of m	
and accept the obligations of n		per una complete perjormance of m	, universal and a trim juminion of the
X	M. H. Alexand		
/	(Reginered age	ent's signature)	
8. The name, title or capacity a	and address of the person(s) wh	o has/have authority to manage is/are	:
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
/ Owner/Manager	- Robbith COCK 556 Ousi/ Woods O Debang FC 32		7
	556 Quail Woods 0	, — —————— ara	3
	_boomsyc_se	<u> </u>	<u> </u>
		<del></del> .	
(Use attachments if necessary)			0× 2
		old, duly authenticated by the official	
of the translator must be submit		ficate is in a foreign language, a trans	ation of the certificate under oath
40.49.1			
		0203 (1) (b), Florida Statutes. I am aw a third degree felony as provided for i	
		1 A-l- d	
	Sign	nature of an authorized person	
		B-b Harthadc	
	ly	ped or printed name of signee	

STATE OF MISSOURY



## John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R, ASHCROFT, Secretary of State of the STATE OF MISSOURL do hereby certify that the records in my office and in my care and custody reveal that

B&H Transportation, LLC LC1041739

was created under the laws of this State on the 10th day of March, 2010, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 17th day of July, 2017.

Secretary of State

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Certification Number: CERT-07172017-0048