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#### COVER LETTER

TO: Registration Section Division of Corporation	15		
SUBJECT:	Star Tra	Insport Limited Biability Company	LLC
			ransact Business in Florida," Certificate of ty company to transact business in Florida.
Please return all correspondence of	oncerning this matter to the	following:	
	Frank Si	mith ame of Person	
	Tri Star	Transport.	, LLC
	20 Ed Ter	nple Blud	
<u> </u>	Nashville City's	TN 3720 tate and Zip Code	08 章 司
<u>fsmi</u>		r-tran 5 po 1	H. Como
For further information concerning	g this matter, please call:		
Frank Smi	f Contact Person	at ( 1015 ) 160 Area Code Da	87-4199 Sytime Telephone Number
MAHAING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Divisior Registra Clifton I 2661 Ex	T ADDRESS: a of Corporations tion Section Building accutive Center Circle (see, FL 32304)
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ing amount:  \$\Boxed{\Omega} \text{S130.00 Fiting Fee & Certificate of Status}\$	□ \$155.00 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

1. Name of Foreign		nited Liability Company," "L L C" or "LLC.")	
2 (ENNE	come adopted for the purpose of transacting business in SSEC high foreign financial liability company is organized)	Florida The alternate name must include "Limit d Leaby  3. 672-182	thry Company, ""E.L.C." or "LLC")  853 r. If applicable)
5. 1720 Ed (Succe Address of P	(Date first transacted business in Florida, if prier (See sections 605,0904 & 605,0905, F.S. to deter Temple Blvd rincipal Office)	to registiration.) rmine penalty liability) 6. SCCVY (Mailing Address	59)
7. Name and <u>street address</u> Name:  Office Address:	s of Florida registered agent: (P.O. Bo  Corporat  1200 South Pine Island Road  Plantation	NOT acceptable)	
to comply with the provisio	istered agent and to accept service of ion, I hereby accept the appointment on so fall statutes relative to the prope of my position as registered agent.	process for the above stated limited line as registered agent and agree to act in rand complete performance of my du  Peter Trawinski Assistant Secretan	this capacity. I further agree ties, and I am familiar with
8. The name, little or capacity:  President	(Registered agence) (Regis	as/have authority to manage is/are: Title or Cupacity:	Name and Address: 2
(Use attachments if necessar	•	08	
Service of anoth the 194 Of	f existence, no more than 90 days old, of which it is organized. (If the certificate mitted)	e is in a foreign language, a translation	of the certificate under oath
10. This document is execute	ed in accordance with section 605.0203 ne Department of state constitutes a thi	(1) (b), Florida Statutes, I am aware the rd degree felony as provided for in s.81	at any false information 7.155, F.S.



### **Division of Business Services** Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

FRANK SMITH

1720 ED TEMPLE BLVD NASHVILLE, TN 37208

February 27, 2018

Request Type: Certificate of Existence/Authorization Issuance Date: 02/27/2018

Request #: 0268058 Copies Requested:

**Document Receipt** 

Receipt #: 003853792 Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3722868105

\$20.00

Regarding: TRI STAR TRANSPORT, LLC Filing Type:

Limited Liability Company - Domestic Control #: 397238 Formation/Qualification Date: 10/13/2000

Date Formed: 10/13/2000 Status: Active Formation Locale: TENNESSEE

Duration Term: Expires: 10/13/2050 Inactive Date: Business County: DAVIDSON COUNTY

## CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above U

#### TRI STAR TRANSPORT, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of رب incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 026618425