

MI 8000005686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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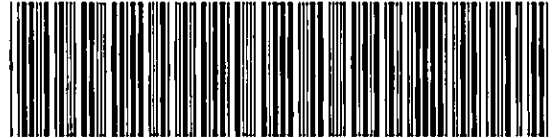
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Karma Transport LLC.
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Albert G. Georgi
Name of Person

Karma Transport LLC.
Firm/Company

393 Center Pointe Cir, Suite 1459
Address

Altamonte Springs, FL 32701
City/State and Zip Code

albertg@karma-trans.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Iveta Sarieva at (224) 628-0450
Name of Contact Person Area Code Daytime Telephone Number

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

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate
of Status & 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:

1. Karma Transpon LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Karma Trans LLC.
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-4554755
(FEI number, if applicable)
4. June 13th 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 393 Center Pointe Cir, Suite 1459
(Street Address of Principal Office)
Altamonte Springs, FL 32701
6. 393 Center Pointe Cir Ste 1459
(Mailing Address)
Altamonte Springs, FL 32701

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Albert G. Georgi

Office Address: 393 Center Pointe Cir, Suite 1459

Altamonte Springs, Florida 32701
(City) (Zip code)

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)

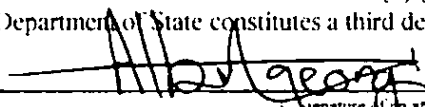
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Albert G. Georgi</u> <u>10012 Custer Cir</u> <u>Orlando, FL 32817</u>	<u></u>	<u></u>
<u>Manager</u>	<u>Amgad Kaldees</u> <u>9223 Longfellow Pl</u> <u>Apopka, FL 32703</u>	<u></u>	<u></u>

(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)

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.


(Signature of an authorized person)
Albert Georgi
(Typed or printed name of signer)

FILED
JUN 15 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show KARMA TRANSPORT LLC, an Ohio For Profit Limited Liability Company, Registration Number 4139519, was organized within the State of Ohio on February 20, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of June, A.D. 2018.

A handwritten signature in cursive script that reads "Jon Husted".

Ohio Secretary of State

Validation Number: 201816202710