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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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(Do	ocument Number) Certificate:	

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SECRETARY OF STATE
AND AHASSEE. FI DRIE

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OFD = 2010

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Quamaron Trucking 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:
Tom Williams III
Quamaron Trucking, LLC
20123 Donovans Rd P.O. Bux 128
Georgetown DE 19947 Laurel DE 19956 City/State and Zip Code
Quamaron trucking (a) yahoo. (om E-mail address: (to be used the future annual report notification)
For further information concerning this matter, please call:
Ton Williams III at (352) 220 - 7779 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREFT ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{align*} \Begin{align*} \text{S125.00 Filing Fee} & \Begin{align*} \Begin{align*} \Delta \text{S130.00 Filing Fee} & \Begin{align*} \Begin{align*} \Delta \text{S155.00 Filing Fee} & \Begin{align*} \Delta \text{S160.00 Filing Fee}, \text{Certificate} \end{align*} \]

Certified Copy

of Status & Certified Copy

Certificate of Status



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2018

TOM WILLIAMS III PO BOX 128 LAUREL, DE 19956

SUBJECT: QUAMARON TRUCKING, LLC

Ref. Number: W18000075607

We have received your document for QUAMARON TRUCKING, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Neysa Culligan Regulatory Specialist II

www.sunbiz.org

Letter Number: 918A00017277

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

, Š.;		์ ปั๊งขางG IS SUBMITTF1	O TO REGISTE	R A FOREIGN LIMITE	D <i>LLABILITY</i>
COMPANYTOTRANSACT BUSINESS IN THE	ucking LLC				
(Name of Foreign Limited Liability	Company; must include "Limited L	iability Company," "L.L.C	C ," or "L.L.C,")		
(If name unavailable, enter alternate name adopted for the	purpose of transacting business in Florida	The alternate name must incl	ude "Lumited Liabil	ny Company," "L.L.C," or "L	I.C.")
2. Delawar e (Jurisdiction under the law of which foreign limited)	liability company is organized)	s <u>_</u>	(FEI number	, if applicable)	_
4. Date first tra	nsacted business in Florida, if prior to regi 605,0904 & 605,0905, F.S. to determine;	Stration,)			
5. 20123 Don over 5 (Street Address of Principal Office)	<u>Rd</u> 19947	6. P.O.B	Mailing Addres	3 1961a	_
CROIDE TOWN, THE			100 1		_
7. Name and street address of Florida re		i <u>OT</u> acceptable)		2018 ST SECR FALLA	71
700	1010	well		P -	=
Office Address: <u>الاحل</u>	hexact 15	, Florida	347	8579 R	ED
Registered agent's acceptance: Having been named as registered agen designated in this application. I hereby to comply with the provisions of all stat and accept the obligations of my position	accept the appointment as r tutes relative to the proper ar	egistered agent and and complete perform	agree to act in	n this capacity. I fur	ther agree
8. The name, title or capacity and address Title or Capacity: Na		()		Name and Address	<u>s:</u>
Sole proprietor To	m Williams III D. Box 128		·····		
Se.		,•			
(Use attachments if necessary)					
9. Attached is a certificate of existence, jurisdiction under the law of which it is of the translator must be submitted)					
10. This document is executed in accord submitted in a document to the Departm		degree felony as pro			ation
	Tom Willia	ams of signee			





The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "QUAMARON TRUCKING, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SIXTH DAY OF AUGUST, A.D. 2018.

The second secon

Authentication: 203195016

Date: 08-06-18

6788465 8300 SR# 20185956648

You may verify this certificate online at corp.delaware.gov/authver.shtml