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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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August 23, 2018

AARON PARR 5287 SW 6TH PLACE OCALA, FL 34474

SUBJECT: FREIGHT X, LLC Ref. Number: W18000076624

We have received your document for FREIGHT X, 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):

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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 918A00017531

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: Froight X LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o 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:
Aaron Parr
Name of Person
Freight X, LCC
Firm/Company
5387 S.W. 6 Th Place
3 10 1 3 W. 0 1 1 1 C C Address
Address
Ocala, FL 34474 City/State and Zip Code
City/State and Zip Code
E-mail address: (to boused for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person Area Code Daytime Telephone Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS:
Division of Corporations Registration Section Division of Corporations Registration Section
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{c c c c c c c c c c c c c c c c c c c

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

(Name of Figeign Lamited Liability Company, must enclude "Lamited Liability Company," "LLC," or	III II Y	SUBMITTED TO REGISTER A FOREIGN (LIMITED) LL	OLLOWING IS SUBMIT		IN COMPLIANCE WITH SECTION 6 COMPANY TO TRANSACT BUSINESS
2. State of which foreign lamped tabulity company a organizate) 4. Blue first terms and to be present (See section 1864/904 & 0510/86, F.S. to determine penalty liability) 5. State of which foreign lamped tabulity company a organization (See section 1864/904 & 0510/86, F.S. to determine penalty liability) 5. State of which the proper of the control of the contr		pany,""LL.C.," or "H.C.")	d Liability Company," *1.	Liability Company; must include "Limited	1. (Name of Feetign Limited
(Description of States) (Street Address of Principal Office) (Street Address of Principal Office) (Carl)		name must include "Limited Liability Company," "L I. C," or "LLC."	rids. The alternate name must	nd for the purpose of transacting business in Flori	(If name unavailable, enter alternate name adop
(See sections 98490 & 635 0905, F.S to determine perulty hability) (Shoet Address of Principal Office) (Cay) (813 488 63/ (FEI namber, if applicable)	3. <u>8/3</u>	n lumped lashisty company is organized)	2. Sursidiction under the proof which forest
Street Address of Frorida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Office			registration)	e first transacted business in Florids, if prior to re	4. 8/1/2018
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Mron Grt Office Address: SET & W & Many Office Address: Office Address: Office Address:		5387 SW 62 Places	re penaky imbilaty) 6. 538.	sections 605,0904 & 605,0905, F.S. to determin	5. 5287 5W6
Name: Office Address: Registered agent's acceptance: Ilaving been named as registered agent and to accept service of process for the above stated limited liability company at the pladesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a 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. Office Address: Office Address: Office Address: It is a constant to the provision of the person of the		cak, F-6 34424 s	ocak	15(c) 34474	زسم ر بم
Name: Office Address: Itaring been named as registered agent and to accept service of process for the above stated limited liability company at the pladesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a 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. Office Address: Office Address: Office Address: Office Address: Itarian Address: Office Address: Of	A				
Office Address: \$\frac{\interprecess}{\interprecess}\$ \frac{\interprecess}{\interprecess}\$ \frac{\interprecess}{\interprec	フ	table)	NOT acceptable)	orida registered agent: (P.O. Box	7. Name and street address of Fl
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 pladesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further at 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) (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Sohn Huggins Garage 15.				ron fart	Name:
Registered agent's acceptance: Ilaving been named as registered agent and to accept service of process for the above stated limited liability company at the pladesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further at 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: Title or Capacity: Name and Address: Sohn Maggins Gancs villa, 64		-	6CL	782 SU 617	Office Address:
Ilaving been named as registered agent and to accept service of process for the above stated limited liability company at the pladesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a 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: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Tohn Huggins Gangs with, 64		, Florida(Zip code)	, Flori	Of G (City)	<u>()</u>
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Sohn Huggins Gants ville, 64	gree ih	agent and agree to act in this capacity. I furthen te performance of my duties, and I am familiar	and complete perfor	all statutes relative to the proper of position as registered agent. Can Am	to comply with the provisions of
Title or Capacity: Name and Address: Title or Capacity: Name and Address: Manual		ority to manage is/are:			8. The name, title or capacity ar
Owner Less Stoner			_		
Owner Less Stonier	<u>~~</u> 7050	sond John Huggill G30 Arms 11 Gaings ville, 6	Olmar 27	145/1 Miller 48 SROWN DO Chement GA 305	Manager
930 Athen Street				Fresh Stonier 930 Arms Street	OWNER
(Use attachments if necessary)			25 07	<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 or of the translator must be submitted)	ie ath	cated by the official having custody of records in ign language, a translation of the certificate under	duly authenticated by e is in a foreign langu	h it is organized. (If the certificate	jurisdiction under the law of which
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.		rida Statutes. I am aware that any false information lony as provided for in s.817.155, F.S.	(1) (b), Florida Stati rd degree felony as p	accordance with section 605.0203 partment of State constitutes a thir	10. This document is executed in submitted in a document to the D
Signature of an authorized person			L.	Cot Me	-4
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Control Number: 16072813

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Freight X, LLC a Domestic Limited Liabitity Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 16131334 Date Inc/Auth/Filed: 07/27/2016 Jurisdiction : Georgia Print Date : 09/04/2018

Form Number : 211



Brian P. Kemp Secretary of State