Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

Foreign Limited Liability Company WLM TRUCKING LLC

Certificate of Status Certified Copy 03 Page Count Estimated Charge \$125.00

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Help

N CULLIGAN

${\color{blue} \text{APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS} \\ {\color{blue} \text{IN FLORIDA}}$

IN COMPILANCE WITH SECTION @5.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, WLM TRUCKING	HC		
	Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.," or "LLC.")	
			The Committee of the Co
	and adopted for the purpose of transacting business in I		only Company, "Tat. C. of "F(C.)
2. Delaware	high foreign limited liability company is organized)	3. 83-1555831 (11) Books	er, if applicable)
Contractions of the New York	men foreign market amount y conspany to seguiness,	(,	· · · · · · · · · · · · · · · · · · ·
4	(Pate first transacted business in Llorida, if treue l	o regulation	
	(Date first transacted business in Llorida, if prior t (See sections 605 0904 & 605 0905, F.S. to deter		_
5. 3030 N. Rocky P	oint Dr.	6. 3030 N. Rocky Point	
STE 150A	manpai Onice)	STE 150A	7.5
Tampa FL 33607		Tampa FL 33607	T
Tampa i E 00007		pa	是流場一
7 Name and street address	ss of Florida registered agent: (P.O. Bo	x NOT accentable)	AND IN
7. Panie and successiones	_	ic <u>icor</u> deceptable)	m m
Name;	Registered Agents Inc.		二年 至 口
Office Address:	3030 N. Rocky Point Dr. STI	E 150A	AHO: 15
	Tampa	. Florida 33607	5 - S
	(c,n),	Zip code	
Registered agent's acception Having been named as re-	wance: rgistered agent and to accept service of	f process for the above stated limited	liability company at the place
designated in this applica	tion, I hereby accept the appointment	as registered agent and agree to act	in this capacity. I further agree
	ions of all statutes relative to the prope	er and complete performance of my c	luties, and I am familiar with
апа ассері іне обидацоп	s of my position as registered agent.		
	(Registered agent	1. Complete	
	, ,	·	
	acity and address of the person(s) who l	has/have authority to manage is/are: Title or Capacity:	Name and Address:
Title or Capacity:	Name and Address:	rite or Capacity.	Name and Address.
Member	WILLINE LOUIS		
	3030 N. Pecky Point Cr STE 150A Tampa, FL JJ607		
		<u> </u>	
			
(Use attachments if neces	sary)		
9. Attached is a certificate	of existence, no more than 90 days old	I, duly authenticated by the official ha	ving custody of records in the
jurisdiction under the law of the translator must be s	of which it is organized, (If the certific	are is in a foreign language, a translat	ion of the certificate under oath
10. This document is exec	uted in accordance with section 605.02	03 (1) (b). Florida Statutes, I am awar	e that any talse information
submitted in a document b	o the Department of State constitutes a t		8.817,155, f.S.
	Kilmy Tark	ue of an authorized person	
	Signati	ue of an authorized person	
	Riley Park		
	Typed	or printed name of signee	

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "WLM 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 SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WLM TRUCKING LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203374833

Date: 09-06-18

7014099 8300 SR# 20186532933

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