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COVER LETTER

	ration Section on of Corporations	3				
SUBJECT:	М		AR GROV			
		ign Limited Liability Cor to register the above refe				
Please return all	l correspondence co	ncerning this matter to th	he following:			
	_CHD	USTOPHER	Name of Person	E		
	<u>M4</u>	PAILCAR	GROUP Firm/Company	L.L.C.		
	_1198	3 N. TA	MIAMI TRL Address	#114	13	
	<u></u>	RLES, FL.	34110 /State and Zip Code			
	C	HRIS @ M4 E-mail address: (to be us	CG COM	port notification)		
For further info	rmation concerning	this matter, please call:				
Ch	RISTOPHER Name of	Contact Person	at (<u>239</u>) Area Code	S29 Daytime Telepho	O868 one Number	
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314		Г. В С 2	STREET ADDRESS Division of Corporation Registration Section Clifton Building 1661 Executive Center Callahassee, FL 3230	ons er Circle	
	neck for the following 5.00 Filing Fee	ng amount: E \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy		Filing Fee, Certificate Certified Copy	:



August 24, 2018

CHRISTOPHER MILNE M4 RAUKCAR GROUP LLC 11983 N TAMIAMI TRL #114 NAPLES, FL 34110

SUBJECT: M4 RAILCAR GROUP LLC

Ref. Number: W18000076938

We have received your document for M4 RAILCAR GROUP LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

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) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 618A00017623

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L. L. C.," or "L.L.C.")
(Name of Foreign Entitle Blacking Company, must include Entitled Entitle Entit Ent
(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 "L.L.C.") 2. DELAWARE, USA (FEI number, if applicable)
4. Not TRANSACTED 1ET (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability.)
5. 374 WICKABOAG VALLEY RD 6. AS PRINCIPAL OFFICE (Street Address of Principal Office) WEST BRUCK FIELD MA CISSS
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: CHRISTOPHER MILLE
Office Address: 11983 D. TAMIAMI TRL #114
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company withe 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: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Name and
(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 uware that any false information submitted in a document to the Department of State constitutes a third degree fellow as provided for in s.817.155, F.S. Signature of an authorized person
CARLCT TO MIC MILLS C

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "M4 RAILCAR GROUP L.L.C." 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2018.

Authentication: 203431723

Date: 09-17-18