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4-1-19

#### COVER LETTER

TO:

Registration Section Division of Corporations

Right Choice 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:

Lisa Shults
Name of Person
Corporate Direct, Inc.
Firm/Company
2248 Meridian Blvd Ste H
Address
Minden, NV 89423
City/State and Zip Code
LSHULTS@CORPORATEDIRECT.COM
F-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Shults

<sub>ar</sub> //5

284-7167

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:

**☑** \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPITANCE 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:

ame unavailable, enter alternate ra	ame adopted for the purpose of transacting business in Flor	ida. The alternate name must include "	"Limited Liability	y Company," "IL1. C;" or "L1.C.")	
Nyoming		3	(FEI member,		
(Jurisdiction under the law of w	hich foreign limited liability company 11 organized)		(FEI number, 1	if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration.)		<u></u>	
172 Contor Street		6. 172 Center Stre	et. Ste 20	2	
5. 172 Center Street, Ste 202 (Street Address of Principal Office)		6	Mailing Address	<del>)</del>	
Jackson, WY 83001		Box 2869			
1		Jackson, WY 8	3001		
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)			
Name:	Registered Agents Inc				
Office Address:	7901 4th St N Ste 300				
	St Petersburg	, Florida 3	3702		
	(City)		(Zip code)	<del></del>	
signated in this application comply with the provis	otance: egistered agent and to accept service of ution, I hereby accept the appointment of ions of all statutes relative to the proper us of my position as registered agent.  (Registered agent)	is registered agent and age r and complete performan	ree to act in	i this capacity. I further	agr
aving been named as resignated in this application comply with the provising accept the obligation	egistered agent and to accept service of ation, I hereby accept the appointment of ions of all statutes relative to the properts of my position as registered agent.  (Registered agent's reacity and address of the person(s) who here	is registered agent and agent and complete performant signature) as/have authority to manage	ree to act in ce of my du	i this capacity. I further tties, and I am familiar	agre
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## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

## Right Choice Trucking LLC

is a

## **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **February 18, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000842083**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of March, 2019 at 2:43 PM. This certificate is assigned 030320721.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.