Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AT PLUS CORP Account Number : 120149000000 Phone : (305)406-3800 Fax Number : (305)406-3999

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 RM EXPRESS TRANSPORT LLC

Certificate of Status	0
Certified Copy	0
Page Couni	05
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help



April 23, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

AT PLUS GROUP

SUBJECT: RM EXPRESS TRANSPORT LLC

REF: W19000039471

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L15000149446.

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.

P.O BOX 6327 - Tallahassee, Florida 32314



Brooke N Kinsey Regulatory Specialist II FLORIDA DE ARTHUENT ON SPORT 31856
DIVISION OF CONDUMENTS 719A00008121



April 25, 2019

FLORIDA DEPARTMENT OF STATE
Division of Compositions

AT PLUS GROUP

SUBJECT: RM EXPRESS TRANSPORT LLC

REF: W19000039471

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

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 quastions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey Regulatory Specialist II

FAX Aud. #: B19000131856 Letter Number: 619A00008291

COVER LETTER

JBJECT:	RM EXPRESS TRANSPORT LLC	Nieme ACT leale	ad Tiabilia. C		
		Name of Limit			
ie enclosed Listence, an	I "Application by Foreign Limited Liab ad check are submitted to register the ab	ility Company pove referenced	for Authorizat Foreign limite	ion to Transact Business in Florida," C ed liability company to transact busines	ertificate o s in Florid
ease return	all correspondence concerning this ma	tter to the follo	wing:		
	STEPHANIE MARTINEZ	!			
		: Name	of Person		
	ATPLUS CORP				
		. Firm/C	Company		
	8180 NW 36 ST SUITE 406	· :			
		Ad	ldress		
	DORAL FL 33166				
	,	City/State	and Zip Code		
	ATPLUS@LIVE.COM	ŧ			
	E-mail address:	(to be used for	future annual	report notification)	
or fuither i	nformation concerning this matter, plea	ise call:			
ST	EPHANIE MARTINEZ	: . a 1	305	406-3800	
	Name of Contact Person		Area Code	Daytime Telephone Number	
Di [.] Re P.0	AILING ADDRESS: vision of Corporations gistration Section O. Box 6327 Illahassee, FL 32314	; ;		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Dir Re P.C Ta	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327	i :	Area Code	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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

IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

RM EXPRESS TRANS		<u>.</u>					
(Name of Foreign	Limited Liability Company; 11	nust include "Lim	ited Liability Comp	aoy," "L.L.C	C.," or "LLC.")		
RMEXPR	RESS LOG	nIST	ICS		\mathcal{C}		
(Uname unavailable, enter alternate n.	size adopted for the purpose of tra-	secting business in	Florids. The alternate o	name mant inch	ode "Limited Lubility Co	ompany," "L L	.C," or "LLC."
COLORADO '		Ţ	83-0°	769941			
(Jurisdiction under the law of w	nich foreign limited liability compar	is organized)		-	(PEI number, if a	plicable)	
04/22/2019		 - - -					
··	(Date first transacted busines (See sections 605,0904 & 60	s in Flands, if prior 5.0905, F.S. to dete	io registration.) mine penalty liability)			_	
8311 SW 12TH TERR 5		:	6.				
(Street Address of P	nncipal Office)	:	- · · <u></u>		(Mailing Address)		
MIAMI, FL 33144		·					
		1	<u></u>				
		 :					
7. Name and street address	s of Florida registered a	gent: (P.O. B	ox <u>NOT</u> accept	able)		ilud	1(76 1(76
	LUIS RODRIGUEZ	; !				7.5	~
Name:		;		_		100	o di E
Office Address:	8311 SW 12TH TERR	ACE				n Æ	;
Office Address.			**	-		5	•
	MIAMI	<u>.</u>		_ , Florida	33144	ယ	
		(City)		, ((01)00	(Zip code)	-	

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 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 a tignatur)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: LUIS RODRIGUEZ Name: _____ Manager Manager 8311 SW 12TH TERR Address: _____ Member Address: Member MIAMI FL 33144 Authorized Authorized Person Person Other____ ___Other____ Other_ Other_ Name: _____ Manager Manager Manager Address: Member Address: _____ Member Authorized Authorized Person Person Other_____ Other___ Other_ Other____ Manager Name: ____ Manager Address: _____ Member Address: ______ Member Authorized Authorized Person Person Other___ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 aware that any false information submitted in a document to the Repartment of State constitutes a third degree felony as provided for in s.817.155, F.S. LUIS RODRIGUEZ Typed or printed name of signes

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

RM EXPRESS TRANSPORT LLC

is a

Limited Liability Company

formed or registered on 06/04/2018—under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181456162.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 04/23/2019 that have been posted, and by documents delivered to this office electronically through 04/25/2019 @ 09:17:42.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 04/25/2019 (@ 09:17:42) in accordance with applicable law. This certificate is assigned Confirmation Number 11535969



Secretary of State of the State of Colorado.

Notice: A certificate issued circuronically from the Colorady Secretary of State's Web sits is fully and immediately valid and effective. However, at an option, the issuance and validity of a certificate obtained electronically may be established by string the Validate a Certificate page of the Secretary of State's Web site, http://www.snestate.com/s/incliniteseSecret/Criticalese entering the certificate's conformation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is metely optional, and is not accessary to the valid and effective issuance of a certificate. For more information, viril our Web site, http://www.scs.state.co.us/click "Businesses, trademarks, trade names" and street "Frequently Asked Questions."