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

unavailable, enter alternate nar	ic adopted for the purpose of transacting busines			
misdiction under the law of whi	h foreign limited liability company is organized	3	81-2536 (FEI num	D&T aber, if applicable)
	(Date first transacted pusiness in Fiorida, it (See sections 605 0904 & 605 0905, F.S. to	prior to registration.) determine penalty liability)	<u> </u>	
OI TSIaMova (Street Address of Pr				nerada Waij
Sanford	, FL 33771		Sanford,	FL 32771
3 3 10 10				201 SEI TALL
ame and street address	of Florida registered agent: (P.C). Box <u>NOT</u> accep	table)	JUL -5 ETARY HASSE
	_ Circly Alexan		_	5 AM IO: 32 Y OF STATE EE. FLORIDA
Name:	las Talanava	ta Way	_	<i>-</i> 10
Name: Office Address:	101 + SIATHOTO		20-	71
		ord	, Florida <i>20_1</i>	- •
	Sant	ord	, Florida <u> </u>	nde)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Chad J. Alexarder Manager Manager | Address: 101 Islamorada Way Member Member Sanford, FL 32771 ☐ Authorized Person Person ___Other____ Other _____ Other ____ Other____ Manager Manager Name: ______ Member Address: Member Address: Authorized Authorized Person Person Other_ Other____ Other_____ Manager | Name: Manager Member Address: Member | Address: Authorized Authorized Person Person Other_____ Other_____ 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 o of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. Fam 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. Signature of an authorized person Chad J. Alexander
Typed or printed name of signee

STATE OF MISSOURY



John R. Ashcroft Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

SECRETARE that

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby ceffif that records in my office and in my care and custody reveal that

Freight Runner LLC LC001491059

was created under the laws of this State on the 5th day of May, 2016, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 4th day of July, 2019.

,

Certification Number: CERT-07042019-0002

