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(Address)
(Address)
(City/State/Zip/Phone #)
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(Document Number)
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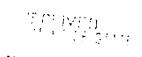
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 30, 2019

EDDIE LAWSON PO BOX 10126 TALLAHASSEE, FL 32302

SUBJECT: TEC TRUCKING GEORGIA, LLC

Ref. Number: W19000080156

We have received your document for TEC TRUCKING GEORGIA, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 319A00018022

#### COVER LETTER

TO: Registration Section

Divis	sion of Corporations								
SUBJECT:	TEC TRUCKING, LLC	,							
SUBJECT:	Name of Limited Liability Company								
The enclosed Existence, and	"Application by Foreig d check are submitted to	n Limited Liability Company register the above referenced	for Authoriza I foreign limi	ntion to Transact ted liability comp	Business in Floric pany to transact bi	da." Certificate of usiness in Florida.			
Please return	all correspondence con	cerning this matter to the follo	wing:						
	EDDIE LAWSON								
Name of Person									
	TEC TRUCKING	i. LLC							
	Firm/Company								
-	PO BOX 10126								
	<del></del> -	Ad	ldress			<del></del>			
	TALLAHASSEE.	FL 32302							
		City/State	and Zip Code	,		 20			
	gabbie254@yahoo.	com			<u> </u>	2019 AUG 30 PH 3: 25			
		E-mail address: (to be used for	future annua	l report notificat	ion)	- σ <u> </u>			
For further in	nformation concerning t	his matter, please call:				D 1			
EDI	DIE LAWSON	at	912	414-6659		ين پ			
	Name of 0	Contact Person	Area Code	Daytime	Telephone Numb	25			
Divi Reg P.O	ision of Corporations distration Section Box 6327 lahassee, FL 32314			STREET AD Division of Co Registration So Clifton Buildin 2661 Executiv Tallahassee, F	DRESS: orporations ection ng e Center Circle				
Enc Plea	losed is a check for the ase make check payable	following amount: to: FLORIDA DEPARTME	INT OF STA	ATE					
_	\$125.00 Filing Fee	\$130,00 Filing Fee & Certificate of Status	\$155.0	0 Filing Fee & fied Copy		ling Fee, Certificate Certified Copy			

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

IN COMPLIANCE WITH SECTION 605-0802, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ine adopted for the purpose of transacting business in	Florida. The alternate name must us	clude "Limited Liability Comp	pany," "L.J. U." or "l.D
Georgia		3	•	
(Jurisdiction under the law of wh	nch toreign limited hability company is organized)	J	(Fir) number, it appli	cable)
N/A				
	(Date first transacted business in Florida, it pro- (See sections 605-0904 & 605,0905, U.S. to de-	or to registration.) termine penalty liability)		
916 SADDLE CREEK RUN		PO BOX 101.	26	
(Street Address of F	rmeipal Office)	6	(Mailing Address)	
TALLAHASSEE, FL 3	32301	TALLAHASS	SEE, FL 32302	
				20
		<del>,                                    </del>		DO 9 AUG 30 PH 3: EV
Name and street address	ss of Florida registered agent; (P.O. I	Box <u>NOT</u> acceptable)		636
	CHERRELLE LAWSON			0 0
Name:	CHERRELLE LAWSON			PH 3:
	916 SADDLE CREEK RUN			1
Office Address:				, ,
	TALLAHASSEE		32301 da	

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's signature)

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: Name and Address: Title or Capacity: Title or Capacity: Name: EDDIE LAWSON Name: \_\_\_\_\_ Manager Manager Manager PO BOX 10126 Member Address: \_\_\_\_\_\_ Address: ■Member TALLAHASSEE, FL 32302 Authorized Authorized Person Person Other\_\_\_\_ Other\_ Other\_\_\_\_ Name: \_\_\_\_\_\_ Name: Manager Manager Manager Member Address: \_\_\_\_\_ Member Address: Authorized Authorized Person Person \_\_Other\_\_ Other\_\_\_\_ Other\_\_ Manager Manager Name: Manager Address: Member | 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 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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S. EDDIE LAWSON

Typed or printed name of signer

Control Number: 0640975

#### STATE OF GEORGIA

#### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### TEC TRUCKING, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17613486 Date Inc/Auth/Filed: 05/22/2006 Jurisdiction : Georgia Print Date : 08/30/2019

Form Number : 211



Brad Raffonsperger

Brad Raffensperger Secretary of State