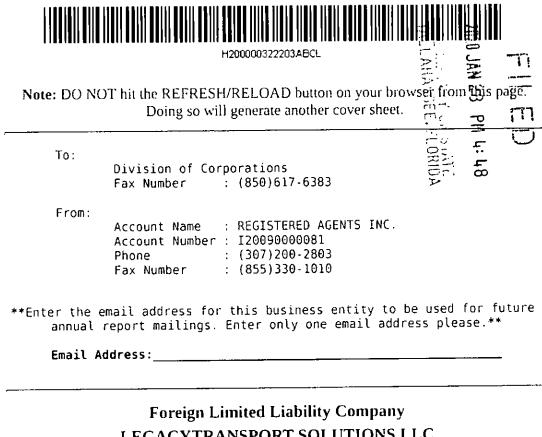
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LEGACYTRANSPORT SOLUTIONS LLC

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

IN COMPLIANCE WITH SECTION 6/5.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LEGACYTRAN	SPORT SOLUTIONS LLC Limited Liability Company; must include "Limited Liability	A 6.60 - A - 10 - 11 - 2.60	
(Name of Foreign)	Limited Etability Company; must include "Limited Etability	Company, t.L.C., or CLC.)	202 TAL
iame imavailable, enter alternate na	ame adopted for the purpose of transacting business in Florida. The alte	rnate name must include "Limited Liabilit	y Company," "L L. E." or "U.L.C."
Delaware		47-4843705	AN 28
(Jurisdiction under the law of wh	3. See the foreign lumited liability company is organized)	(FEI number,	of applicable).
	(Date first transacted business in Florida, if prior to registration (See sections 605,0904 & 605,0905, F.S. to determine penalty li	bhity)	— 第4
272 DUNNS M	ILL RD #336	272 DUNNS MILL I	
(Street Address of P	rincipal Office)	(Mailing Address)
BORDENTOW	N. NJ 08505	BORDENTOWN, N	J 08505
Name:	Registered Agents In	<u>c.</u>	
Office Address:	7901 4th St N STE 30	00	
	St. Petersburg	Florida 33702	• •
	(Cny)	(Zip code)	
esignated in this applicate comply with the provisi	tance: gistered agent and to accept service of process y tion, I hereby accept the appointment as registe ions of all statutes relative to the proper and cor s of my position as registered agent.	red agent and agree to act in	this capacity. I furthe
	Bel Home	<u></u>	
	(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: Title or Capacity: Name and Address: Title or Capacity: Name: WILLIAM THAYER Manager Name: Manager 272 DUNNS MILL RD #336 Address: Member Member BORDENTOWN, NJ 08505 Authorized Authorized Person Person Other Other___ Other Manager Name: _____ Manager Address: ____ _ ____ . ____ Address: Member Authorized Authorized Person Person Other_____ Other____ Other___ Other_ Name: Name: Manager Manager Manager Address: Address: Member Member ☐ 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. Riley Park

Lyped 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 "LEGACYTRANSPORT SOLUTIONS LLC" 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 TWENTY-EIGHTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEGACYTRANSPORT SOLUTIONS LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF AUGUST A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202275390

Date: 01-28-20

5387255 8300 SR# 20200613403