

17200000002781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

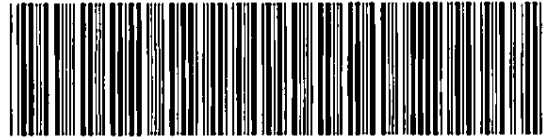
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



600341895006

03/11/20--01021--005 \*\*320.00

SECRETARY OF TREASURY  
TALLAHASSEE, FLORIDA

2020 MAR 11 PM 2:37

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2020 MAR 11 PM 12:47

T. LEMMON

MAR 11 2020



3020 Hartley Road, Suite 110  
Jacksonville, FL 32257  
904.404.8787 (P) 904.800.1387 (F)

Florida Department of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee FL 32303

**RE: Applications by Foreign Limited Liability Company for Authorization to Transact  
Business in Florida**

Please find enclosed, the two (2) Applications by Foreign Limited Liability Company for Authorization to Transact Business in Florida for S&S Transportation LLC and for Reliant Transport LLC.

I enclosed the original and a copy of the applications along with one check for the payment of both applications in the amount of \$320.00 for the filing fee, Certificate of Status and a certified copy.

Please call or email me if you need anything additional or have any questions.

Respectfully,

A handwritten signature in black ink, appearing to read 'Kelley Croft', with a large, stylized flourish at the end.

Kelley Croft  
HR and DOT Safety Manager  
CLG Transportation LLC  
863-800-6525  
kcroft@clgdelivers.com

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** S&A Transportation 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:

Kelley Croft

\_\_\_\_\_  
Name of Person

CLG Transportation LLC

\_\_\_\_\_  
Firm/Company

3020 Hartely Road, Suite 110

\_\_\_\_\_  
Address

Jacksonville FL 32257

\_\_\_\_\_  
City/State and Zip Code

kcroft@clgtransportation.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelley Croft

863

800-6525

\_\_\_\_\_  
Name of Contact Person

at (

\_\_\_\_\_)  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 COMPLIANCE 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:

1. S&A Transportation LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

S&A Transportation of Alabama LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC")

2. Alabama

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-4754059

(FEI number, if applicable)

4. Upon Qualification

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S., to determine penalty liability.)

5. 1393 Will Logan Rd

(Street Address of Principal Office)

6. 1393 Will Logan Rd

(Mailing Address)

Ozark Alabama 36360

Ozark Alabama 36360

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kelley Croft

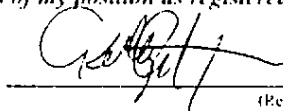
Office Address: 3020 Hartley Road, Suite 110

Jacksonville, Florida 32257  
(City) (Zip code)

FILED  
2021 MAR 11 PM 2:37  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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]:

**Title or Capacity:**                      **Name and Address:**

☒ Manager      Name: Sean Ahlquist

☐ Member      Address: 1393 Will Logan Road

☒ Authorized      Ozark Alabama 36360

Person      Kelley Croft

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

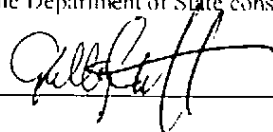
Person      \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

  
\_\_\_\_\_  
Signature of an authorized person

Kelley Croft

\_\_\_\_\_  
Typed or printed name of signer

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that S&A Transportation LLC was  
formed in Dale County, Alabama on February 18, 2020. The Alabama Entity  
Identification number for this entity is 623-165. I further certify that the records do  
not disclose that said entity has been dissolved, cancelled or terminated.



20200226000005572

**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

02/26/2020

Date

A handwritten signature in black ink, appearing to read "J. H. Merrill".

John H. Merrill

Secretary of State