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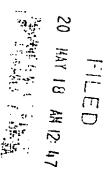
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COVER LETTER

SUBJECT:	2001 Trunsflits Name of Lin	LLC nited Liability Company	
		ny for Authorization to Transact Busin ced foreign limited liability company to	
Please return all correspondence	concerning this matter to the fo	llowing:	
	Rony A. Lee	e of Person	
	Firm	/Company	
30	& Slippery Rock	Address	
-	Orlando, Fl 32.	82.U e and Zip Code	
Gold	P-mail address: (to be used for	Mail-Com or future annual report notification)	
For further information concern	ing this matter, please call:		
Rony_Le	Contact Person	at (<u>47/</u>) <u>527 - 093/</u> Area Code Daytime Telepho	one Number
Mailing Address: Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	S R R T	treet Address; Registration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	ZINY 81.X

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

101 11	,		ust include "Limited Liabili		
tion under the law of whi	ch foreign limited liability company is organized)	3. <u>89</u>	2289135 (Hill number, 1	l'applicable)	
	(Date first transacted business in Florida, if pri (See sections 605 09094 & 605 0905; F.S. to de	or to registration.) termine penalty liability)		_	
28 Supre	y Rock Ave	6. <u>Sun</u>	1.C Address)		
		(gamere)	vocitess)		
lando j Fi	32826				
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and street address	of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)		The state of	20
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Name:	amilla.			•	<u> </u>
	-Amy-L-Lee- 3028 Stippery eo Orlando				[1]
Office Address:	3028 Stippery LO	CL AVC			ス で で で で
	001/2-1-		225/2/4		 E.
	VI IAMA O	, Flor	ida <u>3 < 8 < 9 / (Zip code)</u>		•
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d agent's accepta					

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: Title or Capacity: Name and Address: □Manager ■ Manager Name: Address: 40 Pine Orchard Rd. **W**Member □Member Address: Nut Warnige, 01 02893 □Authorized □Authorized Person Person □Other_ □Other_ Other____ □Other_ □Manager Name: _____ □ Manager Name: □Member □ Member Address: Address: _____ \[
 \sum Authorized
 \] □Authorized Person Person □Other____ □Other □Other___ □Manager Name: □Manager Name: □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 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.

State of Rhode Island and Providence Plantations

Department of State | Office of the Secretary of State

Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

1. Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the

State of Rhode Island and Providence Plantations, hereby certify that:

Gold Road Transports LLC

is a Rhode Island Limited Liability Company organized on July 03, 2019.

I further certify that revocation proceedings are not pending; articles of dissolution

have not been filed: all annual reports are of record and the company is active and in good

standing with this office.

.

This certificate is not to be considered as a notice of the company's tax status, financial

condition or business practices; such information is not available from this office.

SIGNED and SEALED on

Tullin U. Borler

May 13, 2020

Secretary of State

Certificate Number: 20050025150

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: dantonelli