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COVER LETTER

TO:

*Registration Section

Division of Corporations ENERGY TRUCKING LLC SUBJECT: 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: Name of Person ULTRADRIVE INC Firm/Company 6950 CYPRESS STE 209 Address PLANTATION FL 33317 City/State and Zip Code NICK@ULTDRIVE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NICK 2068383 Name of Contact Person Daytime Telephone Number Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy



December 5, 2020

ULTRADRIVE INC 6950 CYPRESS STE 209 PLANTATION, FL 33317

SUBJECT: ENERGY TRUCKING LLC

Ref. Number: W20000137902

We have received your document for ENERGY TRUCKING 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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 120A00024370

RECEIVED
DEC 2 8 2020

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA SEATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE SEATE OF FLORIDA:

If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	onda The .	ilternate name must include "Limited L	iability Comp	sany," "L.L.C," or "L1
State of Tennessee 2. Unisdiction under the law of w	hich foreign limited liability company is organized)	3.	(Fhi num	ber, if applica	hleı
N/A 4					
	(Date first transacted business in Florida, if prior to I (See sections 605 0904 & 605 0905, F.S. to determin	registration ne penalty) liability (
		6100 Lake Ellenor Dr	······································		
Street Address of Principal Office)			(Mailing Address)		
Ste 261		_	Ste 261		
Orlando, FL 32809			Oriando, FL 32809	4	rð Þ
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)	př	() () ()
Name:	Timur Mirzaev				ب ن ن
Office Address:	6100 Lake Ellenor Dr Ste 261				(F)
	Orlando		32809 , Florida		
	(Cay)		(Zip code)	 -	

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: Title or Capacity: Name and Address: Name and Address: Name: _ Timur Mirzaev □Manager □Manager Address: _ 6100 Lake Ellenor Dr Ste 261 **■**Member □ Member Address: Ste 261 □ Authorized □ Authorized Orlando, FL 32809 Person Person □Other____ □Other____ □Other____ □Other____ □ Manager Name: ______ □Manager Name: □Member Address: ☐Member Address: □ Authorized □ Authorized Person Person □Other □Other_____ □Other □Other_ __ __ Name: □ Manager Name: □Manager □Member Address: _____ ___ ___ ___ 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. Signature of an authorized person-

Typed or printed name of signee

PRESIDENT



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

TIMUR MIRZAEV

24 FRONT STREET, STE 210 PATASKALA, OH 43062

November 20, 2020

Request Type: Certificate of Existence/Authorization

0390651

Copies Requested:

Issuance Date: 11/20/2020

Document Receipt

Filing Fee: \$20.00 Receipt #: 005898738

Payment-Credit Card - State Payment Center - CC #: 3793314339

\$20.00

Regarding:

Energy Trucking LLC

Filing Type:

Request #:

Limited Liability Company - Domestic

Control #:

809625

Formation/Qualification Date: 08/05/2015

Date Formed:

08/05/2015

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: SHELBY COUNTY

CERTIFICATE OF EXISTENCE

1. Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Energy Trucking LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

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