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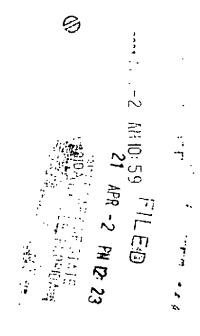
(Requestor's Name)				
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PICK-JP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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TO: Registration Section Division of Corporations	· t
SUBJECT: DEVON Transportation LC Name of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Existence, and check are submitted to register the above referenced foreign limited liability company to transact	
Please return all correspondence concerning this matter to the following:	
Kevin Bedgood Name of Person	
Devow Transportation //	
5758 Huy 85 Apt 48 Rivodale	CGA
Riverdale GA 30274 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Contact Person at (850) 345 3164 Name of Contact Person Area Code Daytime Telephone N	._\tumber
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	
	ling Fee, Certificate us & Certified Copy

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

COMPANYTO TRANSACT BUSINE				
L. <u>Devot</u>	Transportation	Liability Company," "L.L.C.;	for "LLC.")	
Of name unavailable, enter alternate name a	dopted for the purpose of transacting business in Flor	Sport ation	Ale "Limited Liability Company,	""L L C," or "LLC "}
2. Jurisdiction under the law of which is	Acign limited hability company is organized)	3. <u>82</u> 3	(CS347 (FEI number, if applicable)	
4.	Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration) e penalty liability)		
	ith st		me	
ft. Pierce	FL 34947		. .	
7. Name and <u>street address</u> of	Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Kevin Bedgood 416 N 25th		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	}
Office Address:	416 N 25th	56		3 71
	Ft Dierce	, Florida _	349479	
designated in this application, to comply with the provisions		rocess for the above stat registered agent and ag	ed limited lightlity con ree to act in this capac	pany at the place city. I further agre
	(Registered agent's si	gnature) Redypot	<u>}</u>	

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: ___ □Member □Member □ Authorized □ Authorized Person Person Doller OWN C 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: _____ ☐ 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.

Control Number: 17128069

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

Devon Transportation 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 : 20755642 Date Inc/Auth/Filed: 11/30/2017 Jurisdiction : Georgia Print Date : 04/02/2021

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State