

mai000069921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG -2 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2021 AUG -2 PM 4:02
DIVISION OF RECORDS
TALLAHASSEE, FLORIDA

22

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 08/02/2021

“WALK IN”

ENTITY NAME FenCo Trucking LLC

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy
Certified Copy
Certificate of Status

PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY

*Certified Copy of Arts & Amendments
Certificate of Good Standing*

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$125.00

ACCOUNT #: 120160000072

S 8 3706

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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:

FenCo Trucking LLC

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company" ("LLC") or "LLC-2")

Illinois

86-3617955

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

3. _____ (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

8050 N. Nob Hill Rd., Apt. 303

8050 N. Nob Hill Rd., Apt. 303

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Tawarayagi Ei 33321

Tunisia, El 33321

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

MyCompanyWorks, Inc.

MyCompanyWorks, Inc.

625 E. Twiggs St., Ste. 1000

625 E. Twiggs St., Ste. 1000

Tampa, Florida 33602
(City) (Zip code)

STATE OF FLORIDA
TAX PAYABLE

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.

Wm. K.

(Registered agent's signature) Matthew Kne, President

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Rushane Orief, St. Aubin, Lee Fenton	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1 Cedar Close, Karachi	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Kingston 6, Kingston 00000 Jamaica	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.



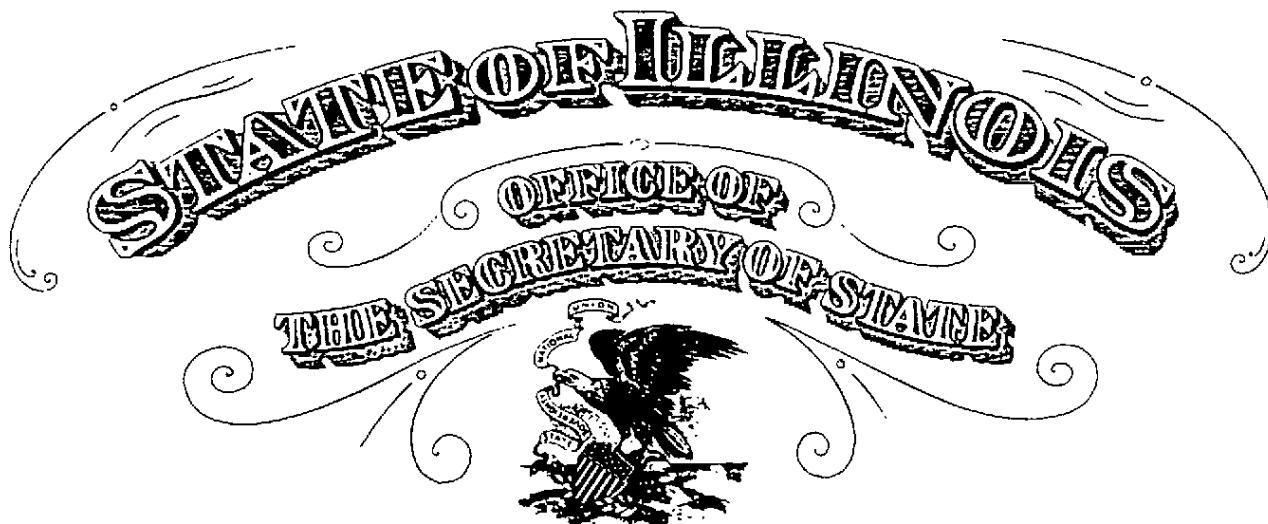
Signature of an authorized person

Rushane Orief, St. Aubin, Lee Fenton, Member

Typed or printed name of signee

File Number

1029361-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

FENCO TRUCKING LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 03, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 2ND
day of AUGUST A.D. 2021.***

Jesse White

SECRETARY OF STATE