

8/26/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
RIGHTWAY FREIGHT LOGISTICS LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 06 |
| Estimated Charge | \$155.00 |

2021 AUG 26 AM 11:24

TALLAHASSEE, FLORIDA

2021 AUG 26 PM 12:53

2021 8-26

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Corporate Filing Menu

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JB
8/27/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIGHTWAY FREIGHT LOGISTICS 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N Brand Blvd 11th Fl

Address

Glendale, CA 91203

City/State and Zip Code

uthmanmuhammad1451@gmail.com

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

For further information concerning this matter, please call:

Cheyenne Moseley

Name of Contact Person

800

at ()

Area Code

773-0883

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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

(If name is 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. Delaware 3. 86-3792971
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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)

5. 66 W. Flagler St., Fl 9 6. 66 W. Flagler St., Fl 9
(Street Address of Principal Office) (Mailing Address)
Miami, Florida 33130 Miami, Florida 33130

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

Name: UNITED STATES CORPORATION AGENTS, INC.

Office Address: 5575 S. Semoran Blvd., Suite 36

Orlando 32822
(City) (Zip code)
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.



CHEYENNE MOSELEY, ASSISTANT SECRETARY,
UNITED STATES CORPORATION AGENTS, INC.

(Registered agent's signature)

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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: | Uthman Muhammad | <input type="checkbox"/> Manager | Name: | |
| <input checked="" type="checkbox"/> Member | Address: | 66 W. Flagler St., Fl 9 | <input type="checkbox"/> Member | Address: | |
| <input type="checkbox"/> Authorized | | Miami, Florida 33130 | <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

Uthman Muhammad

Typed or printed name of signer

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Delaware

The First State

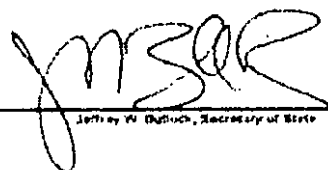
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RIGHTWAY FREIGHT LOGISTICS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RIGHTWAY FREIGHT LOGISTICS LLC" WAS FORMED ON THE THIRTIETH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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Jeffrey W. Bullock, Secretary of State

5888733 8300

SR# 20213040811

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203974453

Date: 08-20-21