

M21000014524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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APPROVED
AND
FILED
2021 OCT 22 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FL 32399

NOV 01 2021
K. Brumbley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 10/22/2021

****WALK IN****

ENTITY NAME Trailers USA, LLC

DOCUMENT NUMBER _____

****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

ACCOUNT #: I20160000072

S. B. J. H.

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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trailers USA, 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:

Name of Person

Harbor Compliance

Firm/Company

1830 Colonial Village Lane

Address

Lancaster, PA 17601

City/State and Zip Code

jejordan02@gmail.com

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

For further information concerning this matter, please call:

Harbor Compliance

717

431-9037

at (_____) _____

Name of Contact Person

Area Code

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

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. Trailers USA, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

UCTN Trailer Company 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. Tennessee 85-1542647
(Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. 10/22/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1202 S Ury St
(Street Address of Principal Office)
Union City, TN 38261
6. 1202 S Ury St
(Mailing Address)
Union City, TN 38261

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

Name: REGISTERED AGENTS INC.
Office Address: 7901 4TH ST N STE 300
ST PETERSBURG, Florida 33702
(City) (Zip code)

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, 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.


(Registered agent's signature)

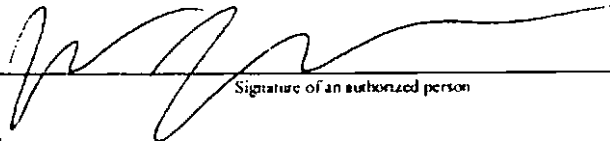
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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: <u>William Donald Bearden Jr.</u>	<input type="checkbox"/> Manager	Name: <u>Annie Laurie Wade Bearden</u>
<input checked="" type="checkbox"/> Member	Address: <u>776 Peterson St</u>	<input checked="" type="checkbox"/> Member	Address: <u>776 Peterson St</u>
<input type="checkbox"/> Authorized	<u>Rives, TN 38253</u>	<input type="checkbox"/> Authorized	<u>Rives, TN 38253</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Rance D Barnes Sr.</u>	<input type="checkbox"/> Manager	Name: <u>Patti Wade Barnes</u>
<input checked="" type="checkbox"/> Member	Address: <u>105 Grayson Circle</u>	<input checked="" type="checkbox"/> Member	Address: <u>105 Grayson Circle</u>
<input type="checkbox"/> Authorized	<u>Union City, TN 38261</u>	<input type="checkbox"/> Authorized	<u>Union City, TN 38261</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>John Edward Jordan</u>	<input type="checkbox"/> Manager	Name: <u>Magdalene Ann Jordan</u>
<input checked="" type="checkbox"/> Member	Address: <u>1506 Rutherford St</u>	<input checked="" type="checkbox"/> Member	Address: <u>1506 Rutherford St</u>
<input type="checkbox"/> Authorized	<u>Union City, TN 38261</u>	<input type="checkbox"/> Authorized	<u>Union City, TN 38261</u>
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 605.203 (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
John Jordan

Typed or printed name of signer

Members:

Patricia T. Wade

Thomas Wilton Wade III

Kimberly O. Wade

Home Address:

2022 Storewall Dr. Union City, TN 38261

101 Grayson Circle Union City, TN 38261

101 Grayson Circle Union City, TN 38261



Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE, 6th FL

Nashville, TN 37243-1102

Tre Hargett
Secretary of State

JOHN SIEBOLD
1830 COLONIAL VILLAGE LANE
LANCASTER, PA 17601

October 22, 2021

Request Type: Certificate of Existence/Authorization

Request #: 0391527

Issuance Date: 10/22/2021

Copies Requested: 1

Document Receipt

Receipt #: 005907863

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3793794405

\$20.00

Regarding: Trailers USA, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 06/19/2020

Status: Active

Duration Term: Perpetual

Business County: OBION COUNTY

Control #: 1105070

Date Formed: 06/19/2020

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

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

Trailers USA, 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 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.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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