

M21000015291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

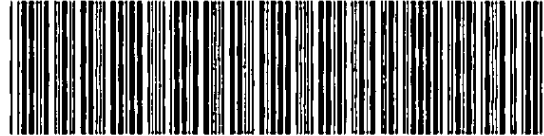
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 NOV 12 AM 10:00  
SOUTH DAKOTA  
TALLAHASSEE, FL

S. ROBERTS

NOV 12 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DeSaix Transport, 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:

Rodney D Brown  
Name of Person

DeSaix Transport, LLC  
Firm/Company

319 Miller Avenue  
Address

Crossville, TN 38555  
City/State and Zip Code

rmgarrett0822@delabrownpetro.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Garrett at ( 931 ) 484-5021  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
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 & 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. Debas Transport, 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," "L.L.C.," or "LLC.")

2. State of Tennessee 3. 27-3120190  
(Jurisdiction under the law of which foreign limited liability company is organized) (F.T. number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S., to determine penalty liability)

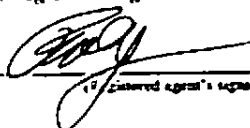
5. 319 Miller Avenue 6. 319 Miller Avenue  
(Street Address of Principal Office) (Mailing Address)  
Crossville, TN Crossville, TN  
38555 38555

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

Name: Pamela S. Gray  
Office Address: 3827 Stratford Place  
Lakeland, Florida 33810  
(City) (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)

FILED  
2021 NOV 12 AM 10:08  
SECRETARY OF  
TALLAHASSEE

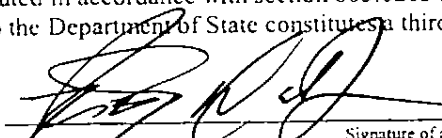
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Rodney D. Brown</u>		<input type="checkbox"/> Manager	Name:	<u>Karen E. Brown</u>	
<input checked="" type="checkbox"/> Member	Address:	<u>319 Miller Avenue</u>		<input checked="" type="checkbox"/> Member	Address:	<u>319 Miller Avenue</u>	
<input type="checkbox"/> Authorized		<u>Crossville, TN</u>		<input type="checkbox"/> Authorized		<u>Crossville, TN</u>	
Person		<u>38555</u>		Person		<u>38555</u>	
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	<u>Tyler D. Brown</u>		<input type="checkbox"/> Manager	Name:	_____	
<input checked="" type="checkbox"/> Member	Address:	<u>319 Miller Avenue</u>		<input type="checkbox"/> Member	Address:	_____	
<input type="checkbox"/> Authorized		<u>Crossville, TN</u>		<input type="checkbox"/> Authorized		_____	
Person		<u>38555</u>		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  
Rodney D. Brown, President  
\_\_\_\_\_  
Typed or printed name of signer



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

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

**DESAIX TRANSPORT, LLC / RODNEY BROWN**  
RODNEY D BROWN  
319 MILLER AVENUE  
CROSSVILLE, TN 38555

November 4, 2021

**Request Type: Certificate of Existence/Authorization**  
Request #: 0444128

Issuance Date: 11/04/2021  
Copies Requested: 1

**Document Receipt**

Receipt #: 006711241

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3817497480

\$20.00

**Regarding: DeSaix Transport, LLC**

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 06/09/2010

Status: Active

Duration Term: Perpetual

Business County: CUMBERLAND COUNTY

Control #: 633120

Date Formed: 06/09/2010

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

**DeSaix Transport, 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.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 049695333