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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

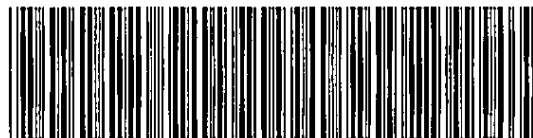
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STATE OF FLORIDA
TALLAHASSEE, FL

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S. FRANKLIN
NOV 19 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Intensified 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:

Cornelius Middleton

Name of Person

Intensified Transport LLC

Firm/Company

701 Cathedral Rd, Suite 45-279

Address

Philadelphia, PA 19128

City/State and Zip Code

intensifiedtransport@gmail.com

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

For further information concerning this matter, please call:

Cornelius Middleton

267

205-4445

at ()

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

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

IN COMPLIANCE WITH SECTION 602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

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

(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 "L.L.C.")

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

3. _____
(F.I. number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605 (9)(3) & 605 (9)(5), F.S. to determine penalty liability)

5. 701 Cathedral Rd
(Street Address of Principal Office)

6. 701 Cathedral Rd
(Mailing Address)

Ste 45-279 Phila
PA 19128

Ste 45-279 Phila
PA 19128

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

Name: Cornelius Middleton

Office Address: 6611 Southpoint PKwy S130
Jacksonville, Florida 32216
(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.

Cornelius Middleton
(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 checked="" type="checkbox"/> Manager	Name:	Cornelius Middleton		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	6611 Southpoint		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Pwky Ste S130		<input type="checkbox"/> Authorized			
Person		Jacksonville, FL 32216		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Denise Gillard		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	6611 Southpoint		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Pwky Ste S130		<input type="checkbox"/> Authorized			
Person		Jacksonville, FL 32216		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	

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CLERK OF COURT
JACKSONVILLE, FL

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.

Cornelius Middleton
Signature of an authorized person

Cornelius Middleton

Typed or printed name of signer

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

11/19/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Intensified Transport LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Thomas W. DeGrasse

Acting Secretary of the Commonwealth

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DEPT. OF STATE
HALL
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Certification Number: TSC211119110836-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>