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S. FRANKLIN DEC 1 2 2022

COVER LETTER

Division of C	•	3 Sance Tourish 11 C		
SUBJECT:	Name	3 Sons Trucking LL C of Limited Liability Company		
		Company for Authorization to Transact Business i eferenced foreign limited liability company to tra		
Please return all corres	pondence concerning this matter to	the following:		
	Qiame	D. Griffin Name of Person		
		Company Firm/Company		
		Firm/Company		
	11646	Anhinga Drive		
		Address		
	Wellin	Afon FL 33414		
Wellington, FL 33414 City/State and Zip Code				
	Quamedatisha ya E-mail address: (to be	used for future annual report notification)	:0 	
For further information	n concerning this matter, please call		ന ന ക	
<u> Wigne</u>	Griffith	at (717) 686-0204 Area Code Daytime Telephone		
	Name of Contact Person	Area Code Daytime Telephone	Number	
Mailing Addi		Street Address:		
Registration		Registration Section		
	Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
rananassee	, FL 32314	Tallahassee, FL 32303		
		& 🔲 \$155.00 Filing Fee & 🖂 \$160.00 F	Filing Fee, Certificate	

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

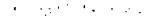
Pennsylvan on under the law of which	d foreign limited liability company is orga	3	96-31890 (FFJ number, 10	applicable)
	1 0 /12/22			_
Titlet w	(Date first transacted bildness in Florid (See sections 605 0904 & 605 0905, F.			. Disc
of Principal Office)	nhinga Drive	6	(Mailing Address)	C OTAF
Wellington	FL 33414		Weilington (FL 33414
			Westington &	Giffith =
nd street address o	f Florida registered agent: (I	P.O. Box NOT acco	entable)	
				2 .
lame:	Www. Giffit	h		7.
ffice Address: _	Quame Griffy 11646 Anhings	Drive		6.) J
	Welling to	33414	Florida	
_	(City)		(Zip code)	_

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

litle or Capacity:	Name and Address:	Title or Capacity	<u>::</u>	Name and Address
Manager	Name: Quione Giffith	□Manager	Name:	
]Member	Address: 11646 Anhaga Drive	□Member	Address:	<u> </u>
Authorized	Wellington FL 33414	□Authorized		
Person		Person		
(Other _	Other	Other		Other
Manager	Name:	□Manager	Name:	
Member	Address:	□Member	Address:	
Authorized		□Authorized		
Person		Person		~
Other	□ Other	□Other		□Other
				12
lManager	Name:	□Manager	Name:	<u> </u>
Member	Address:	□Member	Address:	
Authorized		□Authorized	-	
Person		Person		
Other	Other	Other		Other

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.



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/22/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

QT & Sons Trucking 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.

12 pr 6:50



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

Acting Secretary of the Commonwealth

Certification Number: TSC220922131460-1

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





FLORIDA DEPARTMENT OF STATE Division of Corporations

November 14, 2022

QUIAME D GRIFFITH 11646 ANHINGA DRIVE WELLINGTON, FL 33414 US

SUBJECT: QT & SONS TRUCKING LLC

Ref. Number: W22000142458

We have received your document for QT & SONS TRUCKING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 022A00025345

RECEIVED

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