

M23000006237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

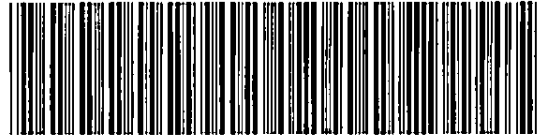
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2023 MAY 11 PM 2:09




2023 MAY 11 PM 3:27

MAY 11 2023

K. Brumbly

FILE 2ND

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 729147 7714122
AUTHORIZATION : 
COST LIMIT : \$125.00

ORDER DATE : May 9, 2023
ORDER TIME : 1:27 PM
ORDER NO. : 729147-010
CUSTOMER NO: 7714122

FOREIGN FILINGS

NAME: SEFA TRANSPORTATION, LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEFA Transportation, 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:

Carol Lowry
Name of Person
SEFA Transportation, LLC
Firm/Company
300 E. John Carpenter Freeway, Ste 1645
Address
Irving, TX 75062
City/State and Zip Code
nam.lawdeptops@heidelbergmaterials.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Lowry at (972) 653-5500
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. SEFA Transportation, 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. South Carolina (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI 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. 300 E. John Carpenter Freeway, Ste 1645 (Street Address of Principal Office)

6. 300 E. John Carpenter Freeway, Ste 1645 (Mailing Address)

Irving, TX 75062

Irving, TX 75062

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301 (City) (Zip code)

2023 MAY 11 PM 2:09

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.

Corporation Service Company Eylene Ochoa Assistant Vice President

By: (Registered agent's signature)

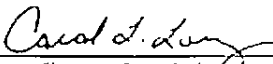
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Christopher Ward</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Scott Dickson</u>
<input type="checkbox"/> Member	Address: <u>300 E. John Carpenter Freeway,</u>	<input type="checkbox"/> Member	Address: <u>3237 Satellite Blvd, Bldg 300,</u>
<input type="checkbox"/> Authorized Person	<u>Ste 1645, Irving, TX 75062</u>	<input type="checkbox"/> Authorized Person	<u>Ste 210, Duluth, GA 30096</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Carol Lowry</u>	<input type="checkbox"/> Manager	Name: <u>Sara Hawthorne</u>
<input type="checkbox"/> Member	Address: <u>300 E. John Carpenter Freeway,</u>	<input type="checkbox"/> Member	Address: <u>300 E. John Carpenter Freeway,</u>
<input type="checkbox"/> Authorized Person	<u>Ste 1645, Irving, TX 75062</u>	<input type="checkbox"/> Authorized Person	<u>Ste 1645, Irving, TX 75062</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other Assistant Secretary	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Thaddius Haas</u>	<input type="checkbox"/> Manager	Name: <u>Krystal Hunter</u>
<input type="checkbox"/> Member	Address: <u>300 E. John Carpenter Freeway,</u>	<input type="checkbox"/> Member	Address: <u>300 E. John Carpenter Freeway,</u>
<input type="checkbox"/> Authorized Person	<u>Ste 1645, Irving, TX 75062</u>	<input type="checkbox"/> Authorized Person	<u>Ste 1645, Irving, TX 75062</u>
<input checked="" type="checkbox"/> Other Assistant Secretary	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other Assistant Secretary	<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)

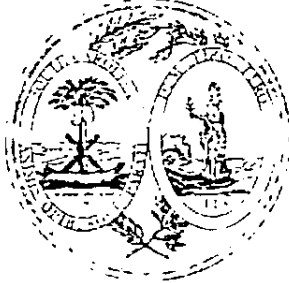
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Signature of an authorized person
 Carol L. Lowry

 Typed or printed name of signee

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

SEFA TRANSPORTATION, LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 22nd, 2015, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 11th day
of May, 2023.


Mark Hammond, Secretary of State