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D	ate:	0	8/31/2023	a: DW
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Name:	NOVOT	rans	SPORTATION, LLC	
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Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:			Country of Destination: Number of Certs:	
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Thank you!

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Novo Transportation, LLC	
	Name of Limited Liability Company	
The en Exister	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certifica e, and check are submitted to register the above referenced foreign limited liability company to transact business in Fl	ate of orida.
Please	turn all correspondence concerning this matter to the following:	
	Katie Gaskins	
	Name of Person	
	c/o Tuckahoe Holdings, LLC	
	Firm/Company	
	5008 Monument Avenue	
	Address	
	Richmond, VA 23230	
	City/State and Zip Code	
	kgaskins@tuckahoeholdings.com	
	E-mail address: (to be used for future annual report notification)	
For fu	er information concerning this matter, please call:	
	Katie Gaskins 804 729-3367	
	Name of Contact Person Area Code Daytime Telephone Number	
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{l} \begin{array}{l} \	

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Delaware (Jurisdiction under the law of which foreign limited hability company is organized) (Pate first transacted business in Florida, if prior to registration.) (New sections 603,0904 & 605,0905, FS to determine penalty hability.) 5008 Monument Avenue (Nahing Address) Richmond, VA 23230 Plantation (P.O. Box NOT acceptable) TALLARY OF STATE 1200 South Pine Island Road Plantation 33324 Florida 33324	(Date first transacted husiness in Florida, if prior to registration) (Nee sections 603,0904 & 603,0903, F.S. to determine penalty liability) 5008 Monument Avenue Sureet Address of Pincipal Office) Richmond, VA 23230 Richm		name adopted for the purpose of transacting business in Flor			inty Company,	11 01	r I.I.C.
Composition under the law of which foreign immted hability company is organized) Composition of the law of which foreign immted hability company is organized) Composition of the law of which foreign immted hability company is organized) Composition of the law of which foreign immted hability company is organized) Composition of the law of which foreign immted hability company is organized) Composition of the law of which foreign immted hability company is organized) Composition of the law of which foreign immted hability company is organized) Composition of the law of which foreign immted hability company is organized) Composition of the law of which foreign immted hability company is organized) Composition of the law of which foreign immted hability company is organized) Composition of the law of which foreign immted hability is organized. Composition of the law of which foreign immted hability is organized. Composition of the law of which foreign immted hability is organized. Composition of the law of which foreign immted hability is organized. Composition of the law of which foreign immted hability is organized. Composition of the law of which foreign immted hability. Composition of the law of which immediately installed. Composition of the law of which is of the law of t	(Date first bansaced business in Florida, if prior to registration.) (See sections 603,0904 & 603,0905, F.S. to determine penalty bability) 5008 Monument Avenue 6. (Manhing Address) Richmond, VA 23230 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (Cny) (Cny) Plantation (Cny) Plantation (Cny) Plantation, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familial ad accept the obligations of my position as registered agent.							
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Office Address: Plantation Storida Florida	Plantation (City) (C		1200 South Pine Island Road			35 G	A	E
, Florida	gistered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated limited liability company at the signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia d accept the obligations of my position as registered agent.	Office Address:			_	E. ST	=	£
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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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Katie Gaskins Name: _ Novo Health Services, LLC ■Manager □ Manager c/o Tuckahoe Holdings, LLC Address: 5008 Monument Avenue ■ Member □ Member Richmond, VA 23230 5008 Monument Avenue **■**Authorized □ Authorized Richmond, VA 23230 Person Person □Other____ □Other___ □Other_____ Other Name: Peter Farrell Stuart Farrell □Manager □Manager Name: Address: _____ Address: 5008 Monument Avenue ☐ Member ☐ Member Richmond, VA 23230 Richmond, VA 23230 □ Authorized □ Authorized Person Person **≘**Other____ Treasurer ____ □Other __ □Other____ Name: _____ ☐Manager □Manager Name: ☐Member Address: □ Member Address: ☐ Authorized □ Authorized Person Person Other____ □Other Other ___ □Other__ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 Peter Farrell

Typed or printed name of signee

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NOVO TRANSPORTATION, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



Authentication: 204067292

Date: 08-30-23