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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JUSTMAN TYLANAME OF	Ckivia Company
The enclosed "Application by Foreign Limited Liability Cor Existence, and check are submitted to register the above refer	mpany for Authorization to Transact Business in Florida," Certificate of trenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the	e following:
Simona	Ard ean Name of Person
	Firm/Company
120 0 0110w	Address
Hudson FL City	34669 State and Zip Code
Two truck E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, please call:	
Simona Ardel can Name of Contact Person	at (ClO) 618-6161 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 DEPAR \$\Boxed{\Pi} \$125.00 \text{ Filing Fee} \Boxed{\Pi} \$130.00 \text{ Filing Fee} & Certificate of S	☐ \$155.00 Filing Fee & 💢 \$160.00 Filing Fee, Certificate

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: mpany:)must include "Limited Liability Company," "L.L.C.," or "L.LC.") Iff 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.") 81-1326848 (FL1 number, 17 applicable) er the law of which foreign limited liability company is organized? Villau Tree Ave Zuza OCT 21 PN 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: ______, Florida <u>34669</u>

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)

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Jue Vidul	□Manager	Name: JOP Vidot
Member	Address: 12520 Willow	□Member	Address:
Authorized	Tree Ave	Z Nuthorized	12520 Willow Tree Ave
Person	Hudson FL 3469	Person	Hudson FL 3469
□Other		□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	Other
<u>Important Notice:</u> U	ise an attachment to report more than six (6). The a	ttachment will be ima	aged 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.

Typed or printed name of signee

Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: Justmarc trucking, LLC

Request Type: Subsistence Certificate Issuance Date: October 15, 2024

Request No.: 044434637 **File No.:** 0006352913

Receipt No.: 001256621

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: January 27, 2016

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Justmarc trucking, LLC

is currently subsisting on the records of the Department of State as of the issuance 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 my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth

Mes Sehn

Verify this certificate online at www file.dos pa gov