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(Re	questor's Name)	
(Ada	dress)	
(Add	dress)	,
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	New Filing Section Division of Corporations
SUB.	JECT: INFINITY AUTO EXPRESS INC.
~	Name of corporation - must include suffix
Dear	Sir or Madam:
"Cert	inclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." ificate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.
Please	e return all correspondence concerning this matter to the following:
STE	PHEN MANDELL
	Name of Person
CA	RRIER SERVICES OF FLORIDA
	Firm/Company
135	57 E LAFAYETTE ST
	Address
TAL	LAHASSEE, FL 32301
	City/State and Zip code
STE	PHEN.MANDELL@RABONINSURANCE.COM
	E-mail address: (to be used for future annual report notification)
For fi	urther information concerning this matter, please call:
STE	EPHEN MANDELL at (850) 942-7323
315	PHEN MANDELL at (850) 942-7323 Name of Person Area Code & Daytime Telephone Number
	Attaine of Ferson
	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclo	sed is a check for the following amount:
	\$70.00 Filing Fee \$\bigcup \text{\$78.75 Filing Fee & Certificate of Status}\$\bigcup \text{\$878.75 Filing Fee & Certificate of Status & Certified Copy}\$

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	TO EXPRESS INC.				
	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate na	ıme	adopted for the purpose of transacting busing	ness in Florida	a)
KENTUCKY		3.	611402700		
(State or country	under the law of which it is incorporated)	•	(FEI number, if applicable)	
12/04/2001		5.	PERPETUAL		
(Date	of incorporation)		(Duration: Year corp. will cease to exist of	or "perpetual")
. UPON QUA	LIFICATION				
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
735 N HIGH	HWAY A1A, APT 604 - INDI	ΑL	ANTIC, FL 32903		
	(Principal office	add	ress)		
3515 MAT	TINGLY RD BUCKNER	<u>, K</u>	(Y 40010		
	(Current mailing	add	ress)		
FOR-HIRE	TRUCKING COMPANY				
(Purpose(s) of corporation authorized in home state of	r çe	ountry to be carried out in state of Florida)	器。 75	
. Name and stree	et address of Florida registered agent: (P.C	D. Box NOT acceptable)		
Name:	CARRIER SERVICES OF FLO	<u>DR</u>	IDA	16.24 14.83	
Office Address:	1357 E LAFAYETTE ST				
	TALLAHASSEE		, Florida 32301		
	(City)		(Zip code)		
0. Registered as	gent's acceptance:			-	

Having been named as registered agent and to accept service of process for the above stated corporation 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)

^{11.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: _____ Vice Chairman; Address: Director: Address: _ **B. OFFICERS** President: BRADFORD A. BOLTZ Address: 735 N HIGHWAY A1A APT 604 西西 INDIALANTIC, FL 32903 Vice President: TAMMY L. BOLTZ Address: 735 N HIGHWAY A1A APT 604 INDIALANTIC, FL 32903 Secretary: Address: _ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. //Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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 and capacity of person signing application)

14. BRADFORD A. BOLTZ - PRESIDENT

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 129441

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

The state of the s

INFINITY AUTO EXPRESS, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is December 4, 2001 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 24th day of August, 2012, in the 221st year of the Commonwealth.

TALLAHASSES, TLORIDA



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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