Filing Fee: \$150.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Division of Business Services 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

SELECTION STATE CORPORATIONS DIV

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, I956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1.	The name of the limited liability company is:			
	CENTRAL TRANSPORT LLC			
	This company has been duly organized in its state of formation as a low-profit limited liability company. (Check box if applicable)			
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:			
3.	The limited liability company is organized under the laws of INDIANA			
4.	The date of its organization is 10-27-2009			
5.	The period of duration of the limited liability company is (if perpetual, so state)			
6.	The address of the limited liability company's resident agent in Rhode Island is:			
	(Street Address, not P.O. Box) Warwick RI 02888 (City/Town) (Zip Code)			
	and the name of the resident agent at such address is National Corporate Research, Ltd. (Name of Agent)			
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.			
8.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:			
	12225 STEPHENS ROAD, WARREN, MI 48089			
9.	The mailing address for the limited liability company is:			
	12225 STEPHENS ROAD, WARREN, MI 48089			
	NOV 1 7 2014			
	n No. 450 ised: 07/12			

10.	Management of the Limited Liability Company (check one only):		
A.	The limited liability company is No. 11 – DO <u>NOT</u> LIST ANY N	to be managed by its members. (If you have checked this box, go to item IAMES IN SECTION B.)	
		<u>or</u>	
B.	B. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)		
	Manager	<u>Address</u>	
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. Th	nis application is accompanied by uthorized officer of the jurisdictior	a certificate of good standing duly authenticated by the secretary of state or other under which the foreign limited liability company was organized.	
aı	uthorized officer of the jurisdiction	a certificate of good standing duly authenticated by the secretary of state or other under which the foreign limited liability company was organized.	
aı	uthorized officer of the jurisdiction to the date this Application for Regist	n under which the foreign limited liability company was organized.	
aı	uthorized officer of the jurisdiction to the date this Application for Regist	n under which the foreign limited liability company was organized.	
ац 2. Th —	uthorized officer of the jurisdiction to the date this Application for Regist	ration is to become effective, if later than the date of filing, is: e than 30 days after, the filing of this Application for Registration) Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments,	
ац 2. Th —	uthorized officer of the jurisdiction e date this Application for Regist (not prior to, nor more	ration is to become effective, if later than the date of filing, is: e than 30 days after, the filing of this Application for Registration) Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct. CENTRAL TRANSPORT LLC Print Exact Name of Limited Liability Company Making Application	
ац 2. Th —	uthorized officer of the jurisdiction e date this Application for Regist (not prior to, nor more	ration is to become effective, if later than the date of filing, is: e than 30 days after, the filing of this Application for Registration) Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct. CENTRAL TRANSPORT LLC	

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

CENTRAL TRANSPORT LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on October 27, 2009, and was in existence or authorized to transact business in the State of Indiana on November 03, 2014.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Third Day of November, 2014.

Corrie Lawson

Connie Lawson, Secretary of State

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

