

R.I. DEPT. OF STATE BUS SYCS DIV

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Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u> , the usual applies for a Certificate of Authority to transact busin	undersigned foreign corporation has in the State of Bhade Island	hereby			
for that purpose submits the following statement:	less in the State of Khoue Island	I, and			
The name of the corporation is:					
Barrette Logistics, Inc.					
2. It is incorporated under the laws of:					
3. The name, if different, which it elects to use in R					
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:					
4. The date of its incorporation is: $1/30/2014$					
And the period of its duration is: CHECK ONLY ON Perpetual (on-going)	IE BOX				
Date certain for dissolution					
5. The address of its principal office is: 2401 Corporate BIVD Brooksville, FL 34604					
6. The name and address of the initial registered agent/office of in Rhode Island:					
Agent Name Corporation Service Company					
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200					
City/Town Warwick	State RHODE ISLAND	Zip Code 02888			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

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7. The purpose or purp	poses which it	proposes to pursue in t	he transaction of busir	ness in Rhode Island are:
Transportat	ion off	reight		
8. (a) The names and state or country of which	respective add	dresses of its directors (prated):	optional, unless direct	ors are required under the laws of the
NAME	<u> </u>		ADDR	RESS
Yves Barrette 58		583 Grand Bern	nie-Nord, St.Jea	en, sur Pichelina, OCJ3B8K1
				eck the box to indicate an attachment.
8. (b) The names and r of the state or country o	espective add of which it is in	resses of its principal of ncorporated):	fficers (mandatory if di	irectors are not required under the laws
OFFICE		NAME		ADDRESS
PRESIDENT	Jean D	des Autols	7830 Freeway	Circle, WhiddleburgHts, DH44130
VICE PRESIDENT			,	
TREASURER	Gary Kohagen		740 N. Main SI	t. Bulk Gap, TN 37711
SECRETARY		- - -		
9. The aggregate numb par value, and series, if	per of shares w f any, within a	vhich it has authority to class, is:		eck the box to indicate an attachment. sses, par value of shares, shares without
NUMBER OF SHARES	CLA:		SERIES	PAR VALUE OR STATE NO PAR VALUE No Par Value
10. (a) Estimate, in dol owned by the corporation located:			(b) Estimate, in dollars to be located within R	rs, the value of the corporation's property thode Island during the following year:
(c) Estimate, as a perce within this state during to following year, wherever	the following ye	ear bears to the value o	of all property of the co	erty of the corporation to be located orporation to be owned during the o obtain the percentage.

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.			
\$ 2,100,000	\$ <u>30,000</u>			
(c) Estimate, as a percentage , the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage</i> . 1. 4286 6/6 %				
12. This application must be accompanied by a Certificate of the state or country under the laws of which it is incorporated	f Good Standing/Letter of Status issued by the proper officer of d that is dated within 60 days of the filing of this document.			
13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX				
Date received (Upon filing)				
Later effective date (Date must be no more than 90 days from the day of filing)				
Under penalty of perjury, I declare and affirm that I have exa accompanying attachments, and that all statements contained	mined this Application for Certificate of Authority, including any ed herein are true and correct.			
Type or Print Name of Authorized Officer	Date			
Gary Kohagen	7/24/2017			
Signature of Authorized Officer of the Corporation SIGN DOCL	JMENT HERE			

State of Florida Department of State



I certify from the records of this office that BARRETTE LOGISTICS, INC. is a corporation organized under the laws of the State of Florida, filed on January 30, 2014.

The document number of this corporation is P14000009108.

I further certify that said corporation has paid all fees due this office through December 31, 2017, that its most recent annual report/uniform business report was filed on March 17, 2017, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-fifth day of July, 2017



Ken Define Secretary of State

Tracking Number: CU5836907558

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication