

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
F2500000991

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H25000061850 3)))



H250000618503ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 FEB 18 PM 12:26

RECEIVED
2025 FEB 18 PM 2:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Abrams A u t oTransport Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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.

1. Abrams Auto Transport Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/22/2025 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 01/30/2025
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 308 -I Promenade Circle, Thornhill, Ontario, L4J 4P8, Canada
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(City) (Zip code)

9. Registered agent'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.

Tasha Edwards Tasha Edwards, Special Secretary
(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

FILED STATE
SECRETARY OF CORPORATIONS
25 FEB 18 PM 12: 26

A. DIRECTORS

Chairman Name: Christopher Timothy Todd Johnson
 Vice Chairman Address: 308 -1 Promenade Circle
 Director Thornhill, Ontario, L4J 4P8, Canada
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Joseph David Gagne
 Vice Chairman Address: 308 -1 Promenade Circle
 Director Thornhill, Ontario, L4J 4P8, Canada
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Thomas Douglas Johnston
 Vice Chairman Address: 308 -1 Promenade Circle
 Director Thornhill, Ontario, L4J 4P8, Canada
 President _____
 Vice President _____
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: Richard Todd Rodney
 Vice Chairman Address: 308 -1 Promenade Circle
 Director Thornhill, Ontario, L4J 4P8, Canada
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Christopher Timothy Todd Johnson, President
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ABRAMS AUTO TRANSPORT INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABRAMS AUTO TRANSPORT INC." WAS INCORPORATED ON THE THIRTIETH DAY OF JANUARY, A.D. 2025.

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



C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 202958028

Date: 02-18-25

10083868 8300

SR# 20250584473

You may verify this certificate online at corp.delaware.gov/authver.shtml