

FO 6000007051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

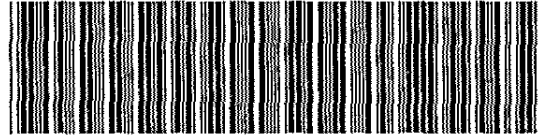
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: CBF TRUCKING, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

THOMAS NESTER
(Name of Person)

TAM & NESTER
(Firm/Company)

132 NASSAU STREET RM 515
(Address)

NEW YORK, NY 10038
(City/State and Zip code)

For further information concerning this matter, please call:

THOMAS NESTER at (212) 227-1160
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 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.

1. CBF TRUCKING 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. NEW JERSEY (State or country under the law of which it is incorporated) 3. 22-3142258 (FEI number, if applicable)

4. DECEMBER 17, 1991 (Date of incorporation) 5. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")

6. NOVEMBER 1, 2006 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 435 ALLWOOD ROAD CLIFTON, NJ 07012 (Principal office address)

P.O. BOX 1256 CLIFTON, NJ 07012 (Current mailing address)

8. TRUCKING (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: NAT MORRIS

Office Address: #2406 RIVER HAMMOCK LANE

FORT PIERCE, Florida 34981-4988 (City) (Zip code)

10. 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.

Nat Morris (Handwritten signature)

(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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: CLIFFORD B. FINKLE III

Address: 5 BEECHTREE LANE
ESSEX FELLS, NJ 07021

Vice Chairman: JAMES C. FINKLE SR.

Address: 6 OVAL ROAD
ESSEX FELLS, NJ 07021

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CLIFFORD B. FINKLE III

Address: 5 BEECHTREE LANE
ESSEX FELLS, NJ 07021

Vice President: JAMES C. FINKLE SR.

Address: 6 OVAL ROAD
ESSEX FELLS, NJ 07021

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Clifford B Finkle III*
(Signature of Director or Officer listed in number 12 of the application)

14. CLIFFORD B. FINKLE III, PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

CBF TRUCKING, INC.
0100503051

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on December 17, 1991.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

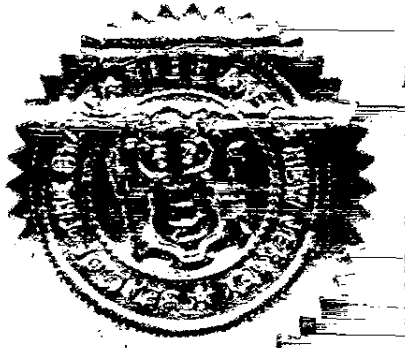
*Clifford B Finkle, III
435 Allwood Rd.
Clifton, NJ 07012 0000*

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TREASURY DEPT. FILED

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

CBF TRUCKING, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
20th day of October, 2006

Bradley Abelow

Bradley Abelow
State Treasurer

06 NOV -9 AM 12: 49
TREASURER'S OFFICE
TRENTON, NJ 08646