



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

April 19, 2016

1604060501

UCC RETRIEVALS INC
BETH EPSTEIN
7288 HANOVER GREEN DR
MECHANICSVILLE, VA 23111

RECEIPT

RE: New Line Transport, LLC

ID: T063014 - 7

DCN: 16-04-19-1004

Dear Customer:

This is your receipt for \$10.00 to cover the fee for filing each attested copy of an assumed or fictitious name certificate for the above-referenced limited liability company conducting business under the following assumed or fictitious name(s):

TRI STATE CARRIERS
(HENRICO CO)

This is also your receipt for \$50.00 to cover the fee(s) for expedited service(s).

Thank you for contacting our office. If you have any questions, please call (804) 371-9733 or toll-free in Virginia, (866) 722-2551.

Sincerely,

Joel H. Peck
Clerk of the Commission

LLFNACPT
CIS0376

1604060501

HOLD FOR PICK-UP FOR

UCC RETRIEVALS, INC.
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA 23111
BETH EPSTEIN / TRACI GOODMAN / MARA-BETH LOVING
(804) 559.5919

STATE CORPORATION COMMISSION
1300 EAST MAIN STREET
RICHMOND VA 23209-1197

April 18, 2016

NEXT DAY EXPEDITE!!

DEAR SIRs,

PURSUANT TO INSTRUCTIONS OF COUNSEL, I ENCLOSE FOR FILING ON
BEHALF OF:

NEW LINE TRANSPORT, LLC dba TRI STATE CARRIERS

ASSUMED NAME FILING

CHECK(S) IN PAYMENT OF THE REQUIRED FEES ARE ENCLOSED. I WOULD APPRECIATE YOU
TELEPHONING ME AT (804) 559-5919 IF THERE IS A PROBLEM WITH THIS FILING AND TO ADVISE ME
WHEN THE EVIDENCE IS AVAILABLE TO BE PICKED UP.

THANK YOU FOR YOUR ASSISTANCE IN THIS REGARD.

SINCERELY,
MARY COLLINS

SCC-FILED IN OFFICE
2016 APR 18 PM 12:08

1604060501

CERTIFICATE OF ASSUMED OR FICTITIOUS NAME

Commonwealth of Virginia

This is to certify that the below named person, partnership, limited liability company or corporation intends to conduct or transact business under an assumed or fictitious name in the [] City [*] County of Henrico

1. The ASSUMED OR FICTITIOUS NAME of business Tri State Carriers **160419 1004**

2. The above business is owned by the following entity type:
[] SOLE PROPRIETORSHIP (Complete A below) [] PARTNERSHIP (Complete B below)
[] LIMITED LIABILITY COMPANY (Complete C below) [] CORPORATION (Complete C below).

A. NAME OF OWNER
RESIDENCE ADDRESS

POST OFFICE ADDRESS

B. NAME OF PARTNERSHIP
OFFICE ADDRESS

POST OFFICE ADDRESS

(1) Is this a general partnership? [] NO [] YES. If YES, complete the Statement of Partners on Page Two of Two.
(2) Is this a domestic limited partnership? [] NO [] YES. If YES, a certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.

(3) Is this a foreign limited partnership? [] NO [] YES. If YES, indicate the date of the certificate of registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission:
A certified copy of this certificate must be filed with the State Corporation Commission. Va. Code § 59.1-70.

C. NAME OF [] CORPORATION [*] LIMITED LIABILITY COMPANY
New Line Transport, LLC

OFFICE ADDRESS 1501 BELVEDERE ROAD WEST PALM BEACH, FL 33406

POST OFFICE ADDRESS 1501 BELVEDERE ROAD WEST PALM BEACH, FL 33406

(1) A corporation or limited liability company must file a certified copy of this certificate with the State Corporation Commission. Va. Code § 59.1-70.
(2) Is this a foreign corporation or a foreign limited liability company? [] NO [*] YES. If YES, indicate the date of the certificate of authority/registration to transact business in the Commonwealth of Virginia issued by the State Corporation Commission: 10/21/2015

ACKNOWLEDGMENT

I certify that the foregoing is true and correct to the best of my knowledge and belief.

Sole Proprietorship NAME OF OWNER SIGNATURE OF OWNER


Partnership NAME OF GENERAL PARTNER SIGNATURE OF GENERAL PARTNER

Corporation NAME OF PRESIDENT SIGNATURE OF PRESIDENT

Limited Liability Company Mike F. Egan m.f. Egan
NAME OF MEMBER/MANAGER SIGNATURE OF MEMBER/MANAGER

[] City [x] County of Palm Beach State/Commonwealth of Florida

Subscribed and acknowledged before me, this 13th day of April, 20 16
by Mike F. Egan Manager
NAME TITLE

 Ellen Stallings
NOTARY PUBLIC
STATE OF FLORIDA
Commission # FF960554
Expires 2/15/2020

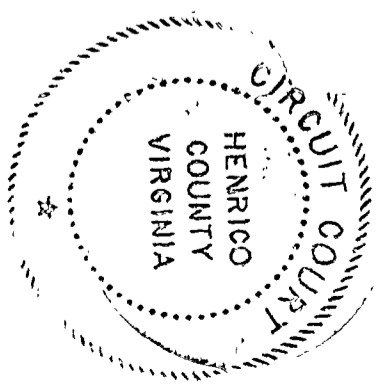
Ellen Stallings
[] CLERK/DEPUTY CLERK [x] NOTARY PUBLIC
Registration No. FF 960554

My commission expires
CLERK'S OFFICE
Filed in the Clerks' Office of the Circuit Court on

RECORDED IN COUNTY OF HENRICO, VA
HEIDI S. BARSHINGER, CLERK OF CIRCUIT COURT
Deputy Clerk
FILED Apr 15, 2016 11:43 am
BOOK 00044
PAGE 2497 TO 2497
INSTRUMENT # 201600000618

FORM CC-1050 (MASTER, PAGE ONE OF TWO) 05/08
VA. CODE § 59.1-69

JRS



A COPY TESTE:
HEIDI S. BARSHINGER, CLERK
HENRICO CIRCUIT COURT
Geanette Stevenson
DEPUTY CLERK