



Supplemental Motor Carrier Application

Texas Department of Motor Vehicles, Motor Carrier Division

PO BOX 12984, Austin, Texas 78711-2984

Phone: 800-299-1700 Fax: 512/465-3521

USDOT NUMBER

2925149

CERTIFICATE NUMBER

007038238C

By signing and submitting this application, I certify that the information provided on this form is true and correct, that I am authorized to execute and file this document on behalf of the motor carrier, and that the motor carrier: (1) is in compliance with the drug testing requirements contained in 49 C.F.R. Part 382; (2) has knowledge of, and will conduct operations in accordance with, applicable federal and state laws and rules relating to motor carrier safety, including Texas Transportation Code, Chapters 541-600, 643, and 644; and (3) has the required insurance as set forth in 43 TAC §218.16.

THIS IS A GOVERNMENT RECORD. FALSIFYING INFORMATION ON GOVERNMENT RECORDS IS A FELONY.

INSTRUCTIONS

- Check appropriate box(es) and print or type new information as applicable.

- This form will be returned if not signed by an owner, partner, corporate officer or authorized agent.

MIGUEL A PENA ACOSTA
ACOSTA TRUCKING
7202 BARKER CYPRESS RD APT 103
CYPRESS, TX 77433 - 2940

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7202 BARKER CYPRESS RD APT 103
CYPRESS, TX 77433 - 2940

Cancel Certificate of Registration (no charge/original fees are non-refundable) Pin Request USDOT #

Convert to UCR/Intrastate US DOT # MC #

Your motor carrier certificate of registration will be converted to a UCR/Intrastate certificate. The certificate, including vehicles, will not expire while the motor carrier complies and agrees to the following: (1) Carrier agrees that company is registered under the Unified Carrier Registration (UCR). (2) Carrier agrees that intrastate operations do not consist of Household Goods (HHGs), Charter Bus, Waste Hauler or Recyclable Materials.

<input checked="" type="checkbox"/> Name Change (no change in ownership)		Name of Motor Carrier - Proof of insurance reflecting the new name must be provided.								
<input checked="" type="checkbox"/> Corporate Conversion		Motor Carrier and/or Company Name - Proof of insurance reflecting the new organizational name must be provided. All conversions MUST be approved by the Texas Secretary of State prior to submitting this application.								
<input type="checkbox"/> Address Change <input type="checkbox"/> Phone - Fax Change		Mail / Street Address	City, State, Zip							
<input type="checkbox"/> Change Corporate Officers/Titles		Name (attach additional sheet if necessary)	<input type="checkbox"/> Add	<input type="checkbox"/> Delete						
<input type="checkbox"/> Change Legal Agent Must have a Texas physical address		Name	Phone Number							
		Street Address	City, State, Zip							
<input type="checkbox"/> Change Type of Motor Carrier Operation		Type of Motor Carrier Operation (check all that apply)	Insurance Requirements (must be checked)							
		1. <input type="checkbox"/> Hazardous Materials (HAZ) 2. <input type="checkbox"/> Commercial School Bus (BUS) 3. <input type="checkbox"/> Passenger (BUS) No. of passengers: _____ 4. <input type="checkbox"/> Foreign Bus (BUS) No. of passengers: _____ 5. <input type="checkbox"/> Household Goods (HHG) 6. <input type="checkbox"/> Foreign Carriers (Domiciled outside the U.S.A.) 7. <input type="checkbox"/> Other than 1 through 6 above (OTHER)	<input type="checkbox"/> \$1 million <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1.5 million <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$750,000 <input type="checkbox"/> \$500,000	OR <input type="checkbox"/> \$5 million OR <input type="checkbox"/> \$5 million OR <input type="checkbox"/> \$500,000 AND <input type="checkbox"/> \$5,000 cargo						
<input type="checkbox"/> Change Drug Testing Information		Does this carrier belong to a drug testing consortium? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" is checked, please list all names of persons operating the consortium (attach additional sheet if necessary) Persons Operating Consortium:								
<input type="checkbox"/> Re-register Motor Carrier		A vehicle listing and fees must be submitted with this form to re-register. Insurance filing(s) must be submitted online by your insurance company to complete the re-registration. Must provide US DOT number. USDOT #								
Payment Method (Make check payable to the Texas Department of Motor Vehicles) <input type="checkbox"/> Check, Cashier's Check or Money Order <input type="checkbox"/> MasterCard, Visa, Discover, or American Express*			Re-registration Fees (Fees are Nonrefundable) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;">\$100</td> <td style="width: 33.33%;">Liability insurance filing fee</td> <td style="width: 33.33%;">\$</td> </tr> <tr> <td>\$100</td> <td>Cargo Insurance Filing Fee (HHG carriers)</td> <td>\$</td> </tr> </table>		\$100	Liability insurance filing fee	\$	\$100	Cargo Insurance Filing Fee (HHG carriers)	\$
\$100	Liability insurance filing fee	\$								
\$100	Cargo Insurance Filing Fee (HHG carriers)	\$								
Signature of owner, partner, officer, or authorized agent <i>[Signature]</i>		Social Security #: 100-89-5254	Total Vehicle Fees From attached Motor Carrier Equipment Report							
Print/Type Name and Title <i>Miguel Pena</i>			Total Amount Remitted \$							

The Texas Department of Motor Vehicles maintains the information collected on this form. With a few exceptions, you are entitled upon request to be informed about the information that we collect about you. Under §§552.021, 552.023, and 559.004 of the Texas Government Code, you are entitled to receive and review this information, and to have us correct erroneous information.

For more information, visit our web site at www.txdmv.gov. For complaints concerning the motor carrier application process, write to:
DMV-MCD, 4000 Jackson, Austin, Texas 78731

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Carlos H. Cascos
Secretary of State



Office of the Secretary of State

November 04, 2016

Attn: A&J EXPRESS

A&J EXPRESS
6037 FRY RD, STE 126 BOX 45
Katy, TX 77449 USA

RE: PENA LOGISTICS LLC

File Number: 802576817

It has been our pleasure to file the certificate of formation and issue the enclosed certificate of filing evidencing the existence of the newly created domestic limited liability company (llc).

Unless exempted, the entity formed is subject to state tax laws, including franchise tax laws. Shortly, the Comptroller of Public Accounts will be contacting the entity at its registered office for information that will assist the Comptroller in setting up the franchise tax account for the entity. Information about franchise tax, and contact information for the Comptroller's office, is available on their web site at <http://window.state.tx.us/taxinfo/franchise/index.html>.

The entity formed does not file annual reports with the Secretary of State. Documents will be filed with the Secretary of State if the entity needs to amend one of the provisions in its certificate of formation. It is important for the entity to continuously maintain a registered agent and office in Texas. Failure to maintain an agent or office or file a change to the information in Texas may result in the involuntary termination of the entity.

If we can be of further service at any time, please let us know.

Sincerely,

Corporations Section
Business & Public Filings Division
(512) 463-5555

Enclosure

Phone: (512) 463-5555
Prepared by: Bridget Mouton

Come visit us on the internet at <http://www.sos.state.tx.us/>

Fax: (512) 463-5709
TID: 10285

Dial: 7-1-1 for Relay Services
Document: 697616680002

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

002612.716755.41770.7011 1 MB 0.419 530
|||||

PENA LOGISTICS LLC
MIGUEL A PENA ACOSTA SOLE MBR
7202 BARKER CYPRESS RD APT 10305
CYPRESS TX 77433

002612

Date of this notice: 12-01-2016

Employer Identification Number:
36-4851731

Form: SS-4

Number of this notice: CP 575 G

For assistance you may call us at
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 36-4851731. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is PENA. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

CERTIFICATE OF FILING OF

PENA LOGISTICS LLC
File Number: 802576817

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 11/04/2016

Effective: 11/05/2016



LLC -

Carlos H. Cascos
Secretary of State

Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
FAX: 512/463-5709

Filing Fee: \$300



**Certificate of Formation
Limited Liability Company**

Filed in the Office of the
Secretary of State of Texas
Filing #: 802576817 11/04/2016
Document #: 697616680002
Image Generated Electronically
for Web Filing

Article 1 - Entity Name and Type

The filing entity being formed is a limited liability company. The name of the entity is:

PENA LOGISTICS LLC

Article 2 – Registered Agent and Registered Office

A. The initial registered agent is an organization (cannot be company named above) by the name of:

OR

B. The initial registered agent is an individual resident of the state whose name is set forth below:

Name:

MIGUEL ANGEL PENA ACOSTA

C. The business address of the registered agent and the registered office address is:

Street Address:

7202 BARKER CYPRESS RD APT 10305 CYPRESS TX 77433

Consent of Registered Agent

A. A copy of the consent of registered agent is attached.

OR

B. The consent of the registered agent is maintained by the entity.

Article 3 - Governing Authority

A. The limited liability company is to be managed by managers.

OR

B. The limited liability company will not have managers. Management of the company is reserved to the members.

The names and addresses of the governing persons are set forth below:

Manager 1: **MIGUEL ANGEL PENA ACOSTA**

Title: Manager

Address: **7202 BARKER CYPRESS RD APT 10305 CYPRESS TX, USA 77433**

Manager 2: **HUMBERTO PENA ACOSTA**

Title: Manager

Address: **7202 BARKER CYPRESS RD APT 10305 CYPRESS TX, USA 77433**

Article 4 - Purpose

The purpose for which the company is organized is for the transaction of any and all lawful business for which limited liability companies may be organized under the Texas Business Organizations Code.

[The attached addendum, if any, is incorporated herein by reference.]

Organizer

The name and address of the organizer are set forth below.

**MIGUEL ANGEL PENA ACOSTA
TX 77433**

7202 BARKER CYPRESS RD APT 10305 CYPRESS

Effectiveness of Filing

A. This document becomes effective when the document is filed by the secretary of state.

OR

B. This document becomes effective at a later date, which is not more than ninety (90) days from the date of its signing. The delayed effective date is: **November 5, 2016**

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

MIGUEL ANGEL PENA ACOSTA

Signature of Organizer

FILING OFFICE COPY