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(Re	equestor's Name)				
(Ad	dress)				
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(Cit	ty/State/Zip/Phone	<i>∌</i> #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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#### COVER LETTER $^{\dagger}_{\phantom{\dagger}}$

TO: Registration Section Division of Corporations	i e
SUBJECT: LTW Intralogistics.	Inc.
1	Name of corporation - must include suffix
Dear Sir or Madam:	
"Certificate of Existence." or "Ce	reign Corporation for Authorization to Transact Business in Florida." rtificate of Good Standing" and check are submitted to register the ion to transact business in Florida.
Please return all correspondence of	concerning this matter to the following:
B. Lord	
	Name of Person
Harbor Compliance	
	Firm/Company
1830 Colonial Village Lane	,
	Address
Lancaster, PA 17601	1
	City/State and Zip code
constance.ortiz@ltwusa.com	•
E-mail	address: (to be used for future annual report notification)
For further information concerning	g this matter, please call:
B. Lord/Harbor Compliance	at (717 ) 431-9157
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER AE Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Ci	
Tallahassee, FL 32301 1	1
Enclosed is a check for the follow	ing amount:
-	75 Filing Fee &   \$75 Filing Fee &   \$87.50 Filing Fee.  ificate of Status Certified Copy 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.

LTW Intralogis					
(Enter name of co "Inc" "Co" "Co	orporation: must include "ÎNCORPORAȚI orp." "Inc." "Co." or "Corp.")	ED."	"COMPANY," "CORPORATION."		
(If name unavaila	ble in Florida, enter alternate corporate na	me a	dopted for the purpose of transacting business in	Florida)	-
Pennsylvania		3.	20-5485586		_
(State or country under the law of which it is incorporated)		)	(FEI number, if applicable)		
3/9/2006	-	5.			
	(Date of incorporation)		(Date of duration, if other than perpetu	al)	-
. N/A					
			Florida, if prior to registration)		-
	(SEE SECTION\$ 607.1501 & 60	07.15	02, F.S., to determine penalty liability)		
3285 N George	Street, Emigsville PA 17318				_
	(Pr	incip	al office address)		
PO Box 0115. I	Emigsville PA 17318				_
	(Current ii	ıailin	g address, if different)	i bildi	:
. Name and stree	et address of Florida registered agent:	(P.C	). Box NOT acceptable)		
Name:	Registered Agents Inc.				
Office Address:	7901 4th St N STE 300			PN 4: 33	
	St. Petersburg		Florida <u>33702</u>	ري نړ	

#### 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.

Registered Agents Inc.

Bill Havre - Assistant 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. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairman: N/A		
Address:		
1		
Vice Chairman: N/A		
Address:		
Director: N/A		
Address:		
Director: N/A		
Address:		_
B. OFFICERS		
President: Christof Brunner		
Address: 3285 N George Street	<del></del>	
Emigsville PA 17318		
Vice President: Richard Stephens		-
Address: 3285 N George Street	## 	•
Emigsville PA 17318	గు 2	
Secretary: Stephen Hamik	F.d.	•
Address: 3285 N George Street, Emigsville PA 17318	<b>5</b>	•
Treasurer: Constance Ortiz	ເລ	
Address: 3285 N George Street, Emigsville PA 17318	** == 1 + 1 **	
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors	
	, and/or directors.	
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms the	at the facts stated	herein
are true and that he or she is aware that false information submitted in a document to the Depart a third degree felony as provided for in s.817.155, F.S.	tment of State cor	istitutes
Constance Ortiz, Treasurer		
(Typed or printed name and capacity of person signing application)		

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

04/24/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

LTW Intralogistics. Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

THE COARDON THE CO

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC190424141243-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify