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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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(Business Entity Name)			
(Business Enuty Name)			
(Document Number)			
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SECRETARY OF STATE
AHASSEE, FLORIDA

9 Tenesca: DEC 1 9 2013

CR2E027 (9/10)

COVER LETTER

TO:

Registration Section **Division of Corporations**

HM Logistics Limited Liability Company

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all

Please return all correspondence concerning this matter to the following:						
Name of Person						
Firm/Company						
Address						
City/State and Zip Code						
HMLogisticsLLC@aol.com						
E-mail address: (to be used for future annual report notification)						
_{at (} 609	313-3778					
	ne of Person n/Company Address e and Zip Code l. Com for future annual in					

Name of Person

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE L HM Logistics Limited Liability Company	
(Name of Foreign Limited Liability Company; must include	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the alternate Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
2. State of New Jersey ✓ 3	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4 03/21/13	04/30/2063
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. 10/01/13	•
(Date first transacted business in Flo (See sections 608.501 & 608.502 F.S.	to determine penalty liability)
_{7.} 2 Douglas Terrace	
Marlton, NJ 08053	
	of Principal Office)
8. If limited liability company is a manager-managed	
9. The name and usual business addresses of the mana	aging members or managers are as follows:
Lloyd D H	lumphrey
2 Douglas	Terrace
Marlton, N	J 08053
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocop translation of the certificate under oath of the translator must be subtracted.)	
11. Nature of business or purposes to be conducted or	promoted in Florida: Lumping Service
hille	
	horized representative of a member.
penalties of perjury that the facts stated herein are true	ution of this document constitutes an affirmation under the c. I am aware that any false information submitted in a a third degree felony as provided for in s.817.155, F.S.)
Lloyd D Hu	· ·

Typed or printed name of signee

· CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Company is:	iability Company	,
If unavailable	the alternate to be used in the state of	of Florida is:	
2. The name a	and the Florida street address of the r	egistered agent and office are	»:
	Payroll Office	e of America, uc	
		ame)	L04-47163
	1855 West Sta	te Road 434	7
	Florida Street Address (P.	O. Box NOT ACCEPTABLE)	AA B
	Longwood	_{FL} 32750	13 DEC -9 PM L
	City	y/State/Zip	FF COND
liability compo registered age statutes relatir	amed as registered agent and to acce iny at the place designated in this cert int and agree to act in this capacity. I ig to the proper and complete parform igations of my position as registered a (Signature)	tificate. I hereby accept the ap further agree to comply with i nanceful my duties/and I am fo	bove stated imited bopointment as the provisions of all amiliar with and

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

HM LOGISTICS LIMITED LIABILITY COMPANY

0400559187

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 21, 2013.

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:

Paul Dougherty 115 Black Horse Pike Haddon Heights, NJ 08035

CREAT OREAT STATE OF THE STATE

Certification# 130424745

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 5th day of December, 2013

Andrew P Sidamon-Eristoff State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp