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COVER LETTER

TO:		tration Section ion of Corporati	ons							
SUBJE		ector Global Log	gistics LLC							
SUBJE	.CI: _		Name of	Limited Lis	ability	Company		•		
			oreign Limited Liability Comp ted to register the above refer							
Please r	eturn a	ll correspondence	concerning this matter to the	following:						
		Enrique Alva	rez.							
			N	ame of Per	son					
		Vector Globa	l Logsitics LLC							
			F	irm/Compa	ny					
	887 West Marietta Street NW Suite M201									
	Address									
		Atlanta, GA	30318		_			SEC	NOF 5102	
		enrique.alvarez	City/S @vectorgl.com	tate and Zi	o Code	•		RETAR) AHASSE	JUN 22	FILED
			E-mail address: (to be used	d for future	annua	l report no	tification)	<u> </u>	ס	M
For furtl	her info	ormation concerni	ng this matter, please call:					407 718	?	D
	Enriq	ue Alvarez		404 at (554 11	50	TE A	26	
		Name	of Contact Person		Code	Day	time Teleph	one Numb	ег	
	Divisi Regist P.O. E	on of Corporation ration Section Box 6327 assee, FL 32314	i: ns			Division Registrat Clifton B 2661 Exc	of Corporation Section Section Section Section Section Section Section Security Center See, FL 3230	ons er Circle		
Enclose		heck for the follows: 15.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.0 Certified		ng Fee &	☐ \$160.00 of Status &	_		ficate

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Vector Global Logistics LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C," or "LLC.")
Nevada Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4,
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5.
887 West Havetta Street NW Scile M201/Atlanter/GA/30318 (Street Address of Principal Office)
5
887 West Marietta Street NW. Sit M201/Atlanta/GA/30318 (Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
SALMONI EGAL CROUP BY
1305 RPICKELL AVE SUITE 800
Office Address:
MIAMI , Florida 33131 TO (City) (City) (Zip code) 95 N
(City) (Zip code) $\stackrel{\frown}{S}$ $\stackrel{\frown}{N}$ (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
his 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
he obligations of my position as registered agent.
DAVID H. SALMON, ESQ ON BEHALF OF SALMON LEGAL GROUP, PL
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Enrique Alvarez / Managing Director / 887 West Marietta Street NW Suite M201 Atlanta, GA 30318
A
Attached is a certificate of existence, no more than $ \mathcal{P} $ days old, duly authenticated by the official having custody of records in the urisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)
My les .
Signature of an authorized person
In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that
he facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a tilegree felony as provided for in s.817.155, F.S.)
ENCIQUE ALVAREZ
Typed or printed name of signee

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **VECTOR GLOBAL LOGISTICS LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 15, 2012, and is in good standing in this state.

SEAL OF THE SEAL O

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 17, 2015.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20150617-1486
You may verify this electronic certificate
online at http://www.nvsos.gov/