

M1700000 3579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

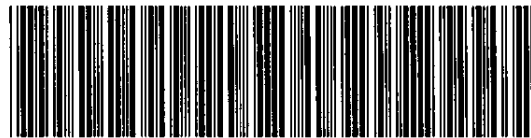
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
17 APR 24 PM 2:50

APR 27 2017  
J. HARRIS

~~COPIES~~ LHM

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Inland Trade Agent Services LLC

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 correspondence concerning this matter to the following:

Riley Park

Name of Person

Registered Agents, Inc.

Firm/Company

412 N. Main Street Ste 100

Address

Buffalo, WY 82834

City/State and Zip Code

alester@oflander.com

E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FLORIDA  
2017 APR 24 PM 3:49

For further information concerning this matter, please call:

Aaron Lester

Name of Contact Person

at ( 702 ) 451-6101

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

JH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2017

RILEY PARK  
REGISTERED AGENTS, INC.  
412 N MAIN ST STE 100  
BUFALLO, WY 82834

SUBJECT: INLAND TRADE AGENT SERVICES LLC  
Ref. Number: W17000032062

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SECRETARY OF STATE  
17 APR 24 PM 2: 50

We have received your document for INLAND TRADE AGENT SERVICES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 217A00007151

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

*IN COMPLIANCE WITH SECTION 605.0202, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Inland Trade Agent Services LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Inland Trade Agent Services FL 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.")

2. Wyoming 3. 81-5435950  
(Jurisdiction under the law of which foreign limited liability company is organized) (F.I.T. number, if applicable)

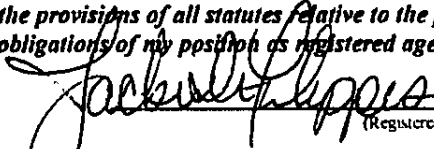
4. No business transacted yet  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 412 N Main Street Ste 100 6. 412 N Main Street Ste 100  
(Street Address of Principal Office) (Mailing Address)  
Buffalo, WY 82834 Buffalo, WY 82834

7. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)  
 Name: InCorp Services, Inc.  
 Office Address: 17888 67th Court North  
Loxahatchee, Florida 33470  
(City) (Zip code)

FILED  
 DEPARTMENT OF STATE  
 17 APR 24 PM 2:50

**Registered agent's acceptance:**  
*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

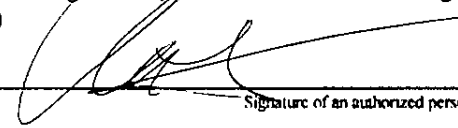
 Jackie DeFilippis on behalf of InCorp Services, Inc.  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Authorized Person</u>	<u>Registered Agents, Inc.</u> <u>412 N Main Street Ste 100</u> <u>Buffalo, WY 82834</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction 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)

  
 \_\_\_\_\_  
Signature of an authorized person

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Aaron Lester  
Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

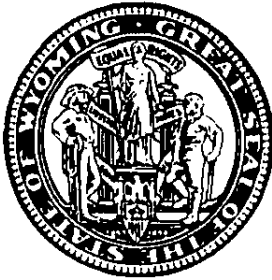
**INLAND TRADE AGENT SERVICES LLC**

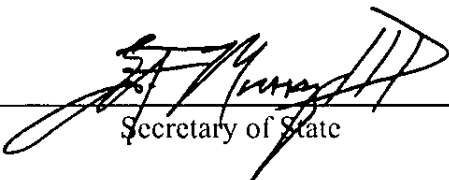
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **March 9, 2017**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2017-000745382**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of April, 2017 at 5:58 PM. This certificate is assigned 022800013.



  
Secretary of State