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COVER LETTER

TO:

Registration Section

Divisio	on of Corporations	
SUBJECT:		LOGISTICS LLC of Limited Liability Company
The enclosed "A Existence, and o	Application by Foreign Limited Liability Cocheck are submitted to register the above re	ompany for Authorization to Transact Business in Florida." Certificate of eferenced foreign limited liability company to transact business in Florida
Please return al	l correspondence concerning this matter to	the following:
	FATIMAZAHR	SAE BELAFDIL
		Name of Person
	FLOW	LOGISTICS LLC
		Firm/Company
	10822 Indie	s drive south
		Address
	Tacksonvill	lo FL 32246 y/State and Zip Code
	HAPPYABE G MSN	used for future annual report notification)
		•
For further into	rmation concerning this matter, please call	2320 0
FAT	Name of Contact Person	at (313) 258 - 8208. Area Code Daytime Telephone Number 5
	ng Address:	Street Address:
	stration Section ion of Corporations	Registration Section & & & & & & & & & & & & & & & & & & &
	Box 6327	The Centre of Tallahassee
Talla	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPA 25.00 Filing Fee \$130.00 Filing Fee	& 🔲 \$155,00 Filing Fee & 🕱 \$160,00 Filing Fee, Certificate
	Certificate of	Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO RECISTER A FUREIGN LIMITED LE COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	1 <i>311 11</i> Y
FLOW LOGISTICS LLC	
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.L.C.,"	
FLOW LOGISTICS # 1 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 "LL.C.	.")
2. MICHIGAN (Jurisdiction under the law of which foreign limited liability company is organized) 3. 82-446928 (FEl number, if applicable)	
4. 9 - 30 - 20 9 0 (Onte first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)	
5. 5264 Middle sex street 6. 10822 Indies drive sout	h
Dearborn MI 48126 Jacksonville FL 32246	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
$\overline{\sigma}$	
Name: FATIMAZAHRAE BELAFDIL	
<u>ά</u> .	
Office Address: 10822 Indies dr South	
Jacksonillo Florida 32246 (City) Florida 32246	
Davidsond war structure and a second second	

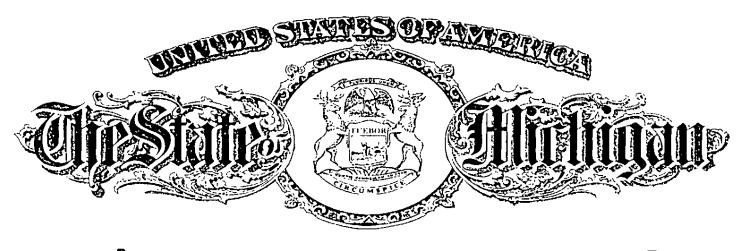
Registered agent's acceptance:

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.

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Name: FATIMAZAHRAE BELAFDIL □Manager **⊠**Manager Name: Address: 10822 Indies dr. South □Member □Member Address: Tucksonville FL 32246 □ Authorized □ Authorized Person Person Other □Other □Other____ □Other____ Name: ABE KAINE □Manager □Manager Address: 10822 Inchies dr. South □Member □Member Address: Jackson Villo Fl 39246 28 Authorized □ Authorized Person Person □Other □Other____ □Other □Other_____ Name: □Manager □Member Address: Address: □Member □ Authorized Authorized Person Person □Other_____ □Other____ □Other □Other____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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) 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. Signature of an authorized person

ABE KAINE
Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That FLOW LOGISTICS LLC

was validly authorized on February 1, 2018, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

TO REGULATIONS A Commercial Lieux

Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 15th day of October, 2020.

ċ

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 20104179390