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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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FEB 1 1 2021 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 638564_ 8073990

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: January 27, 2021

ORDER TIME : 11:43 AM

ORDER NO. : 638564-005

CUSTOMER NO: 8073990

FOREIGN FILINGS

NAME: FIDELITONE FREIGHT FORWARDING

SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

COVER LETTER

TO:

Registration Section

| Div | ision of Corporations | |
|----------------|--|---|
| SUBJECT: | Fidelitone Freight Forwarding Services, | LLC |
| | Name | of Limited Liability Company |
| | | Company for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida. |
| Please return | all correspondence concerning this matter to | the following: |
| | Ross Hudson | |
| | | Name of Person |
| | Fidelitone | |
| | | Firm/Company |
| | 1260 Karl Court | |
| | ··· | Address |
| | Wauconda, IL 60084 | |
| | Cit | ty/State and Zip Code |
| | bfeuerbacher@fidelitone.com | |
| | E-mail address: (to be | used for future annual report notification) |
| For further in | nformation concerning this matter, please call | : |
| Be | cky Feuerbacher | 847 921-1319 at () |
| | Name of Contact Person | at (|
| | iling Address: gistration Section | Street Address: Registration Section |
| • | vision of Corporations | Division of Corporations |
| |). Box 6327 | The Centre of Tallahassee |
| Tal | lahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Plea | losed is a check for the following amount: use make check payable to: FLORIDA DEPA 125.00 Filing Fee \$130.00 Filing Fee Certificate of | & 🗆 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate |

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:

| D 1 | | nds. The alternate name must meluse "Limited Li | ability Company," "L L.C," or " |
|---------------------------------------|---|---|---------------------------------|
| Delaware | | 85-0511639 3. | |
| (Jurisdiction under the law of | which foreign limited liability company is organized) | (FEI numb | er, if applicable) |
| 2/15/2021 | | | |
| | (Date first transacted business in Florida, if prior to r (See sections 603.0904 & 603.0905, F.S. to determine | egistration.) is penalty hability) | |
| 1260 Karl Court | | 1260 Karl Court | |
| et Address of Principal Office) | | (Mailing Address) | |
| Wauconda, IL | | Wauconda, IL | |
| 60084 | | 60084 | |
| Name and street addre | ss of Florida registered agent: (P.O. Box | NOT acceptable) | |
| Name and <u>street addre</u> Name: | SS of Florida registered agent: (P.O. Box Corporation Service Company | NOT acceptable) | |
| | | NOT acceptable) | |
| Name: | Corporation Service Company | NOT acceptable) 32301 Florida (Zip code) | 11) 35 RH 8: 26 |

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: Robert J. Johnson Name: □Manager □Manager Name: 1260 Karl Court □Member Address: □Member Address: Wauconda, IL Authorized □ Authorized 60084 Person Person □Other_____ □Other_ □Other_ Other_____ Ross T. Hudson □Manager Name: □Manager Name: _____ 1260 Karl Court □Member □Member Address: Wauconda, IL Authorized □ Authorized 80084 Person Person Other____ Other □Other Other □Manager Name: □Manager Name: □Member Address: □Member Address: ☐ 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. <u>Ross Hudson</u> 255 Hudson (Jan 27, 2021 12.23 CST) Signature of an authorized person Ross Hudson

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FIDELITONE FREIGHT FORWARDING

SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR

AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF

FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIDELITONE

FREIGHT FORWARDING SERVICES, LLC" WAS FORMED ON THE ELEVENTH DAY OF

DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202452103

Date: 02-05-21