

M22000013947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

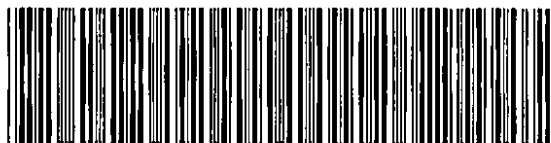
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 AUG 30 AM 8:55

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AND  
FILED

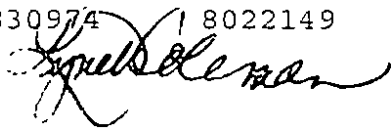
SEP - 8 2022

Brumblay

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 830974 8022149

AUTHORIZATION : 

COST LIMIT : \$ 125.0

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ORDER DATE : July 23, 2022

ORDER TIME : 10:11 AM

ORDER NO. : 830974-060

CUSTOMER NO: 8022149  
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FOREIGN FILINGS

NAME: PROPAK LOGISTICS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

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:

1. Propak Logistics, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Arkansas

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 75-3107303

(FEI number, if applicable)

4. upon filing

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1100 Garrison Ave

(Street Address of Principal Office)

Fort Smith, AR 72901

6. Tax Department, PO Box 1239

(Mailing Address)

Fort Smith, AR 72902

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

2022 AUG 30 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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.

Corporation Service Company

By:

(Registered agent's signature)

Eylina Bahor  
Assistant Vice President

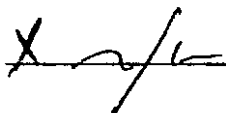
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>               | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                     |
|---|--|--|--|
| <input checked="" type="checkbox"/> Manager | Name: <u>Steve Clark</u>               | <input type="checkbox"/> Manager           | Name: <u>PLA Buyer LLC</u>                   |
| <input type="checkbox"/> Member             | Address: <u>1100 Garrison Ave</u>      | <input checked="" type="checkbox"/> Member | Address: <u></u>                             |
| <input type="checkbox"/> Authorized         | <u>Fort Smith, AR 72901</u>            | <input type="checkbox"/> Authorized        | <u>c/o Silver Oak Services Partners, LLC</u> |
| Person                                      | <u></u>                                | Person                                     | <u>1560 Sherman Ave Suite 1200</u>           |
| <input type="checkbox"/> Other <u></u>      | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <u>Evanston IL 60201</u>                     |
| <input type="checkbox"/> Other <u></u>      | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u>       |
| <input type="checkbox"/> Manager            | Name: <u></u>                          | <input type="checkbox"/> Manager           | Name: <u></u>                                |
| <input type="checkbox"/> Member             | Address: <u></u>                       | <input type="checkbox"/> Member            | Address: <u></u>                             |
| <input type="checkbox"/> Authorized         | <u></u>                                | <input type="checkbox"/> Authorized        | <u></u>                                      |
| Person                                      | <u></u>                                | Person                                     | <u></u>                                      |
| <input type="checkbox"/> Other <u></u>      | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u>       |
| <input type="checkbox"/> Other <u></u>      | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u>       |
| <input type="checkbox"/> Manager            | Name: <u></u>                          | <input type="checkbox"/> Manager           | Name: <u></u>                                |
| <input type="checkbox"/> Member             | Address: <u></u>                       | <input type="checkbox"/> Member            | Address: <u></u>                             |
| <input type="checkbox"/> Authorized         | <u></u>                                | <input type="checkbox"/> Authorized        | <u></u>                                      |
| Person                                      | <u></u>                                | Person                                     | <u></u>                                      |
| <input type="checkbox"/> Other <u></u>      | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u>       |
| <input type="checkbox"/> Other <u></u>      | <input type="checkbox"/> Other <u></u> | <input type="checkbox"/> Other <u></u>     | <input type="checkbox"/> Other <u></u>       |

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Steve Clark

Typed or printed name of signer



**Arkansas Secretary of State  
John Thurston**

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State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show


**PROPAK LOGISTICS, LLC**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office May 31, 2022.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



**In Testimony Whereof**, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 12th day of August 2022.

  
**John Thurston**  
Secretary of State  
Online Certificate Authorization Code: a1332221fddd540  
To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)