

B24000000378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

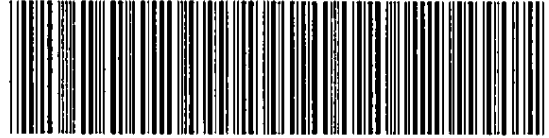
(Document Number)

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

Special Instructions to Filing Officer:

W24000151043

Office Use Only



300438114693

RECEIVED

OCT 22 2024

2024 NOV 25 PM 8:09



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2024

SANDRA GOULD  
44 LINBERGER DR  
BRIDGEWATER, NJ 08807 US

SUBJECT: 365 LOGISTICS & SOLUTIONS LP  
Ref. Number: W24000151043

We have received your document for 365 LOGISTICS & SOLUTIONS LP and your check(s) totaling \$1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 724A00024545

**RECEIVED**  
**NOV 25 2024**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 365 Logistics & Solutions LP  
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.  
Please return all correspondence concerning this matter to:

Sandra Gould  
-----  
Contact Person  
365 Logistics & Solutions LP  
-----  
Firm/Company  
44 Linberger Dr  
-----  
Address  
Bridgewater, NJ 08807  
-----  
City, State and Zip Code  
sandra@365spacesolutions.com  
-----  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:  
Sandra Gould at ( 908 ) 8215967  
-----  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA

1. 365 Logistics & Solutions LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. New Jersey

State or Country of Formation

3. 09/21/2017

Date of Formation

4. Federal Employer Identification Number: 82-2862156

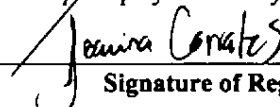
5. Name of Registered Agent for Service of Process and Florida Street Address:

Jeanina Corrales

55 Whitehead Circle

Weston, FL 33362

6. 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.



Signature of Registered Agent

7. Principal Office:

44 Linberger Dr

Bridgewater, NJ 08807

8. Mailing Address:

44 Linberger Dr

Bridgewater, NJ 08807

2017 NOV 25 PM 8:09

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Sandra Gould

Name of General Partner: \_\_\_\_\_

Street Address: 44 Linberger Dr  
Bridgewater, NJ 08807

Street Address: \_\_\_\_\_

Mailing Address: 44 Linberger Dr  
Bridgewater, NJ 08807

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. **Effective date, if other than the date of filing:** \_\_\_\_\_

*(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 11th \_\_\_\_\_ day of October, 2025



\_\_\_\_\_  
Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

<b>Filing Fees:</b>	<b>\$1,000.00</b> (\$965 Filing Fee and \$35 Registered Agent Fee)
<b>Certified Copy (optional):</b>	<b>\$52.50</b>
<b>Certificate of Status (optional):</b>	<b>\$8.75</b>

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

365 LOGISTICS & SOLUTIONS LP  
0450202210

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Partnership was registered by this office on September 21, 2017.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2024*

*I further certify that the registered agent and office are:*

SANDRA GOULD  
44 LINBERGER DRIVE  
BRIDGEWATER, NJ 08807



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of October, 2024*

A handwritten signature in black ink, appearing to read 'Elizabeth Maher Muoio'.

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6157930430

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)