F00000066619

TRANSMITTAL LETTER

	on Section of Corporations
SUBJECT:	IMC LOGISTICS FUE
	(Name of corporation - must include suffix)
Dear Sir or Mada	m:
	oplication by Foreign Corporation for Authorization to Transact Business in Florida", istence", and check are submitted to register the above referenced foreign corporation ss in Florida.
Please return all c	correspondence concerning this matter to the following:
	STEVE WORMUS
	(Name of Person)
	IMC LOGISTICS TOS
	TMC Logismis TMC (Firm/Company) 900003476119
	-11/27/0001112008 4487 (05410- CT) *****70.00 *****70.00
	(Address)
	FACE ALL OLD 45014
	(City/State and Zip code)
For further inform	nation concerning this matter, please call:
Name of	JOCMUS at (S13) 642-2524 ASS 8 [Area Code & Daytime Telephone Number Sign 2]
STREET ADDR Registration Section Division of Corpo 409 E. Gaines St. Tallahassee, FL	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
\$70.00 Filing	ck for the following amount: Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	IMC LOGISTICS, INC.	
	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	
2.	(State or country under the law of which it is incorporated) 3. 36-4377623 (FEI number, if applicable)	-
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	(Date of incorporation) 5. ———————————————————————————————————	
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	- Lala-	
	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7.	2702 Directors Row Orlando FL 32809	
	(Principal office address)	(A.)
	<u>Same</u>	
	(Current mailing address)	
8.		
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida 5	
9.	Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: Color Gogowing	
	Name: Lavore Gosowin	19
Of	ffice Address: 2702 Directors Row	
	Orlando, Florida 32809	
	City) , Florida <u>32809</u> (Zip code)	

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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)

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

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F STAT
officers and/or directors.
a 12 of the application)

Fax:8472232475

(Typed or printed name and capacity of person signing application)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do

> OF STATE E, FLORIDA



In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this ______ 12TH day of _____OCTOBER A.D. ______ 2000 ___.

Desse White