# F0000003991

(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:					
·					





400075121284

05/25/06--01056--001 \*\*87.50

O6 MAY 25 AN IO: 06
ECHELLEY OF STATE
ALLANIASSEE, FLORIDA





## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2006

VERL DITTMAN 10133 MIRACLE LANE NEW PORT RICHEY, FL 34654

SUBJECT: PALM HARBOR LOGISTICS GROUP LTD

Ref. Number: W06000024464

We have received your document for PALM HARBOR LOGISTICS GROUP LTD and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,500.00.

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) 245-6955.

Suzanne Hawkes Document Specialist

Letter Number: 206A00037134

## **COVER LETTER**

TO:	New Filing Section Division of Corporations			
SUBJ	ECT: Palm Harbor	r Logistic	s Group, Ltd	•
	(Nam	e of corporatio	n - must include suffix	x)
Dear S	ir or Madam:			
"Certi	aclosed "Application by Foreign Conficate of Existence," and check are business in Florida.			
Please	return all correspondence concern	ing this matter	to the following:	
	Verl Dittman			
		(Name of	Person)	4.0 %
F	Palm Harbor Logistic	s Group	, Ltd.	<u> </u>
_	· · · ·	(Firm/Co	mpany)	72
1	0133 Miracle Lane			93
	la Dawl Dimbass Els	(Addr		70 6
<u></u>	lew Port Richey, FLo		1654	<u>`</u> \$\$
		(City/State a	and Zip code)	T.
For fu	ther information concerning this n	natter, please c	all:	
Ver	Dittman	at _727	, 457-9933 (	cell)
	(Name of Person)		Code & Daytime Telep	
STREET/COURIER ADDRESS: MAILING ADDRESS: New Filing Section New Filing Section				
	Division of Corporations		Division of (	Corporations
	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		P.O. Box 63 Tallahassee,	
Enclos	ed is a check for the following amo	ount:		
\$70	.00 Filing Fee \$78.75 Filing Certificate		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FORE	WITH SECTION 607.1503, FLORIDA ST EIGN CORPORATION TO TRANSACT B	ATUTES, THE FOLLOWING IS SUBMITTED 18 CUSINESS IN THE STATE OF FLORIDA.					
Palm Ha	arbor Logistics Group, Li	td. Inc.					
(Enter name of cor	poration; must include "INCORPORATED," p," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"					
(If name unavailab	le in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Florida)					
<sub>2.</sub> Wiscons	in 3.	39-1698242					
	nder the law of which it is incorporated)	(FEI number, if applicable)					
4. 04/21/91	5.	Perpetual					
(Date o	f incorporation)	(Duration: Year corp. will cease to exist or "perpetual")					
6							
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)						
<sub>7</sub> 10133 M	iracle Lane New Po	ort Richey, FL 34654					
,· <u></u>	(Principal office addr						
_10133 M	iracle Lane New Po	ort Richey, FL 34654					
	(Current mailing addr	ress)					
。 Distribu	tion/Wholesale						
··	of corporation authorized in home state or cor	untry to be carried out in state of Florida)					
9. Name and street	address of Florida registered agent: (P.O	. Box NOT acceptable)					
Name:	Verlyn E. Dittman						
Office Address:	10133 Miracle Lane						
	New Port Richey	, Florida 34654					
	(City)	(Zip code)					
designated in this a further agree to con	l as registered agent and to accept service pplication, I hereby accept the appointment of all statutes revith and accept the obligations of my posture.	tee of process for the above stated corporation at the place sent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my duties, sition 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.

12. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman: Verlyn E, Dittman	
Chairman: Verlyn E, Dittman  Address: 10133 Miracle Lane, New Port	Richey FL 34654
,	<b>,</b>
Vice Chairman:	% ^
Address:	λθλ <b>/4.</b> //
riducos.	The state of the s
Director Canda Dittman	The second secon
Director: Sandra Dittman  Address: 101 33 Miracle Lane, New Port K	Puh FL 34654986
Address: 101 55 111 Acce Edited, 14 acres, 14	199, 1 = 199, 19
D'	
Director:	
Address:	
B. OFFICERS	
President: Verlyn E. Dittman	
President: Verlyn E. Dittman  Address: 6133 Miracle Lane, Hew Port	Richay FL 34654
Vice President:	
Address:	
Secretary: Sandra Dittman	
Address: 10133 Miracle Lane, New	Port Richey FL 34654
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors.
13. Va/OH	
(Signature of Director or Officer listed in number 12	
14. Verlyn E. Dittman - (Typed or printed name and capacity of person sign	ing application)
(v) har or himmen man anhand or heron ale.	——————————————————————————————————————

## United States of America State of Wisconsin

### DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Deputy Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that

### PALM HARBOR LOGISTICS GROUP LTD.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 19, 1991.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seals of the Department on May 22, 2006.

RAY ALLEN, Deputy Administrator Division Of Corporate & Consumer Services Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code:

26070-C3DB498D