

FD600005847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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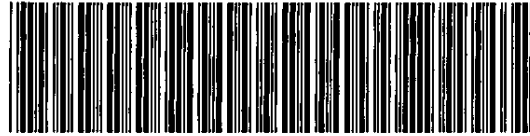
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BEST LOGISTICS, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KEN SARTAIN, GENERAL MANAGER
(Name of Person)

BEST LOGISTICS, INC.
(Firm/Company)

P.O. BOX 70125
(Address)

MEMPHIS, TN 38107-0125
(City/State and Zip code)

For further information concerning this matter, please call:

KEN SARTAIN at (901) 526-5278
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$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 WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. BEST LOGISTICS, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

BEST LOGISTICS OF FLORIDA, INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TENNESSEE

(State or country under the law of which it is incorporated)

3. 80-0081722

(FEI number, if applicable)

4. 11/3/2003

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A - No business has been transacted in Florida.

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 453 PLUM AVENUE, MEMPHIS, TN 38107

(Principal office address)

P.O. BOX 70125, MEMPHIS, TN 38107-0125

(Current mailing address)

8. MANUFACTURE, REFURBISH, AND REPAIR WOODEN PALLETS

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

Weston

(City)

, Florida 33331

(Zip code)

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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.

NRAI Services, Inc.

By: Christian Eubanks

8-31-2006

(Registered agent's signature)
Christian Eubanks, Assistant Secretary

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: FRANK JONES

Address: 2659 TICKLE DRIVE
BARTLETT, TN 38134

Vice Chairman: _____

Address: _____

Director: PHYLLIS BROWN

Address: 7379 WALLACE LANE
WALLS, MS 38680

Director: _____

Address: _____

B. OFFICERS

President: PHYLLIS BROWN

Address: 7379 WALLACE LANE
WALLS, MS 38680

Vice President: _____

Address: _____

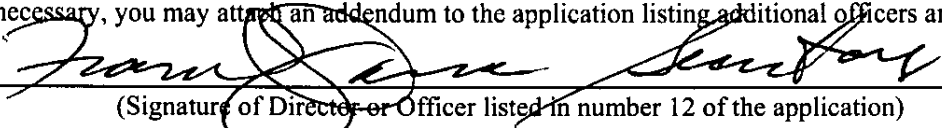
Secretary: FRANK JONES

Address: 2659 TICKLE DRIVE, BARTLETT, TN 38134

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Frank L. Jones, Secretary
(Typed or printed name and capacity of person signing application)

Secretary of State
Division of Business Services
312 Eighth Avenue North
6th Floor, William R. Snodgrass Tower
Nashville, Tennessee 37243

ISSUANCE DATE: 08/30/2006
REQUEST NUMBER: 06242552
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 11/03/2003
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0456817
JURISDICTION: TENNESSEE

TO:
BEST LOGISTICS INC %KEN SARTAIN
PO BOX 70125

MEMPHIS, TN 38107-0125

REQUESTED BY:
BEST LOGISTICS INC %KEN SARTAIN
PO BOX 70125

MEMPHIS, TN 38107-0125

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"BEST LOGISTICS INC."

THAT THE CORPORATION IS DELINQUENT IN THE PAYMENT OF FRANCHISE AND EXCISE TAXES;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED
WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 08/30/06

FROM:
BEST LOGISTICS INC
453 PLUM
P O BOX 70125
MEMPHIS, TN 38107-0000

RECEIVED:	FEES \$20.00	\$0.00
TOTAL PAYMENT RECEIVED:		\$20.00
RECEIPT NUMBER:		00004020659
ACCOUNT NUMBER:		00455121



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE