

F08000002371

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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W08-22500



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08 MAY 28 AM 11:01

gf 5/28/08

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DIVISION OF CORPORATIONS"

08 MAY 28 AM 11:01

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** MHF LOGISTICAL SOLUTIONS, 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:

JARED STANGO

(Name of Person)

MHF LOGISTICAL SOLUTIONS, INC.

(Firm/Company)

800 CRANBERRY WOODS DRIVE, STE 450

(Address)

CRANBERRY TWP, PA 16066

(City/State and Zip code)

For further information concerning this matter, please call:

JARED STANGO

(Name of Person)

at ( 724 ) 772-9800 x5549

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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May 7, 2008

JARED STANGO  
800 CRANBERRY WOODS DRIVE  
SUITE 450  
CRANBERRY TWP, PA 16066

SUBJECT: MHF LOGISTICAL SOLUTIONS, INC. DBA MAGELLAN  
TRANSPORT LOGISTICS  
Ref. Number: W08000022500

We have received your document for MHF LOGISTICAL SOLUTIONS, INC. DBA MAGELLAN TRANSPORT LOGISTICS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return the corrected original and one copy of 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 008A00028619

**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. **MHF LOGISTICAL SOLUTIONS, INC.**

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

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

2. **DELAWARE**

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

3. **20-2806833**

(FEI number, if applicable)

4. **5/9/2005**

(Date of incorporation)

5. **PERPETUAL**

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

6. **ESTIMATE 5/31/08**

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **800 CRANBERRY WOODS DRIVE, STE 450**

(Principal office address)

**CRANBERRY TWP, PA 16066**

(Current mailing address)

8. **ANY AND ALL LAWFUL BUSINESS**

(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:

**CT CORPORATION SYSTEM**

Office Address:

**1200 SOUTH PINE ISLAND RD**

**PLANTATION**

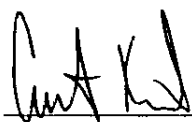
(City)

, Florida **33324**

(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.*



**Curt Kreisel, Asst. Secretary**

(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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08 MAY 28 AM 11:01

12. Names and business addresses of officers and/or directors:

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DIVISION OF CORPORATIONS

08 MAY 28 AM 11:02

**A. DIRECTORS**

Chairman: PLEASE SEE ATTACHED

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

Vice Chairman: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: PLEASE SEE ATTACHED

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

Vice President: \_\_\_\_\_

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

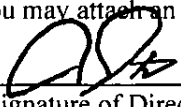
Secretary: \_\_\_\_\_

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

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

MHF Logistical Solutions, Inc  
EIN# 20-2806833  
Corporate Officers

**OFFICERS**

<u>NAME</u>	<u>TITLE</u>
Piatak, Tom	President and CEO
Stango, Jared M.	Corporate Controller
Follett, William	VP of Project Development
Bornak, Michael D.	CFO, Treasurer, and Secretary

**DIRECTORS**

<u>NAME</u>	<u>TITLE</u>
Corcia, John	Director
Piatak, Tom	Director
Russell, Dan	Director
Kelty, Matt	Director
Schaab, Lou	Director

**ADDRESS - (BUSINESS)**

800 Cranberry Woods Drive, Suite 450; Cranberry Twp, PA 16066  
800 Cranberry Woods Drive, Suite 450; Cranberry Twp, PA 16066  
800 Cranberry Woods Drive, Suite 450; Cranberry Twp, PA 16066  
800 Cranberry Woods Drive, Suite 450; Cranberry Twp, PA 16066

**ADDRESS - (BUSINESS)**

800 Cranberry Woods Drive, Ste 450; Cranberry Twp, PA 16066  
800 Cranberry Woods Drive, Ste 450; Cranberry Twp, PA 16066  
1919 Pennsylvania Ave, NW 3rd Floor; Washington, DC 20006  
1919 Pennsylvania Ave, NW 3rd Floor; Washington, DC 20006  
1919 Pennsylvania Ave, NW 3rd Floor; Washington, DC 20006

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DIVISION OF CORPORATIONS

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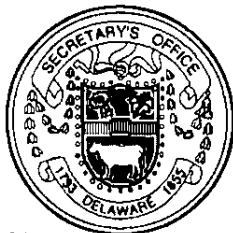
# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MHF LOGISTICAL SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2008.

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6536053

DATE: 04-21-08