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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

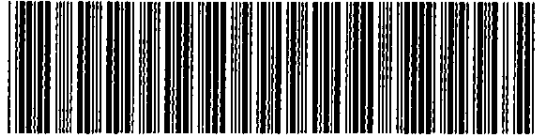
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 21 2009
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PINE GROVE 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:

Sheryl Lair
(Name of Person)
Pine Grove Logistics, Inc
(Firm/Company)
17 N 6th St
(Address)
Estherville IA 51334
(City/State and Zip code)

For further information concerning this matter, please call:

Sheryl Lair at (712) 362-6973
(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. PINE GROVE LOGISTICS, 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. IOWA 3. 26-3520457
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-10-2008 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11-17-08
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3696 130th St Estherville IA 51334
(Principal office address)

17 N 6th St Estherville IA 51334
(Current mailing address)

8. _____
(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: James Hudson

Office Address: 750 Country Club Dr

Titusville, Florida 32780
(City) (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.

James Hudson
(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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STATE OF FLORIDA
TALLAHASSEE

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

A. DIRECTORS

Chairman: David Lair

Address: 9 Maple Hts Dr
Estherville IA 51334

Vice Chairman: _____

Address: _____

Director: Sheryl Lair

Address: 3696 130th St
Estherville IA 51334

Director: _____

Address: _____

B. OFFICERS

President: David Lair

Address: 9 Maple Hts Dr
Estherville, IA 51334

Vice President: _____

Address: _____

Secretary: Sheryl Lair

Address: 3696 130th St Estherville IA 51334

Treasurer: _____

Address: _____

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

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

14. Sheryl Lair Dir / Sec.
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate Print

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**IOWA SECRETARY OF STATE
MICHAEL A. MAURO**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Date: 12/08/2008

CERTIFICATE OF EXISTENCE

Name: PINE GROVE LOGISTICS, INC. (490 DP - 369987)
Date of Incorporation: 10/10/2008
Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS25104

To validate this certificate please visit
the following web site and enter the certificate ID.

www.sos.state.ia.us/ValidateCertificate

A handwritten signature in black ink that reads "Michael A. Mauro".

MICHAEL A. MAURO SECRETARY OF STATE