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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: West 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:
Whitney Allen
Name of Person
West Logistics, Inc.
Firm/Confpany
P.O. Box 21019
Address
Durham, NC 27703 City/State and Zip code
Wallen @ Westbros.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Whitney Allen at (919) 281- Le US5 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 \$\ \text{Certificate of Status} \] \$78.75 Filing Fee & \text{Certified Copy} \] \$87.50 Filing Fee, Certified Copy Certified Copy

under the law of which it is incorporated.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO T	RANSAC	
BUSINESS IN FLORIDA		09
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMIT	TRD TO	\equiv
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	3-7	1
Mad Indian Ind	<u> </u>	-t-
1. West Logistics, Inc.		
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")	ਾ ਜੋ: ਜੀ:	
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Character Hall is William by	75	,
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business	im rionos)	
2. North Carolina 3. 56-2777857	 	
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4. AM. 20,2001 5. Permetual		
(Date of incorporation) (Duration: Year corp. will cease to exist or "	perpetual")	
NIA		
(Date first transacted business in Florida, if prior to registration)	·	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7. 224 N. Hoover Pd Durham NC 277 (Principal office address)	03_	
A B C C C C C C C C C C	<u> </u>	
P.O. Box 21019 Durham NC 271703		
(Current maning sucress)		
8. Third Party ogistics (Narehousing S (Purpose(s) of corporation surporized in Joine state or country to be carried out in state of Florida)	ervice	s)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		•
7. Ivania and <u>succe munics</u> of Frontia registered agent; (F.O. Box <u>NO.1</u> acceptable)		
Name: NETT SETVICES INC.		
Office Address: 2731 Executive Park Dr. Swife 4	•	
Weston, (City), Florida 33331 (Zip code)		
(City) (Exp unit)		
10. Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated corporate		
designated in this application, I hereby accept the appointment as registered agent and agree to act it further agres to comply with the provisions of all statutes relative to the proper and complete perform		
jurneer agree to compey whit the provisions of an statutes retaitive to the proper tinu complete perform and I am familiar with and accept the obligations of my position as registered agent.	mus vj mj	- 44513535
NRAI Services, (nc.		
I Story & Consolition		
Ra Most The presiden		
(Registered agent's signature)		
Matt Thompson, Assistant Secretary		
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of	this applica	tion to

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: __ Address: ___ Vice Chairman: Address: __ Director: _ Address: **B. OFFICERS** Durham, NC S 224 N Hoover hairman: Tommy West Address: Same Address: Same as above Treasurer: ___ Address: NOTE: If necessary, you may attach an addepdum to the application listing additional officers and/or directors. Chauman (Signature of Director or Officer listed in number 12 of the application) Tommy West Owner/chairman

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



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

WEST LOGISTICS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 20th day of August, 2001, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of July, 2009

Elaine I. Marshall

Secretary of State