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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

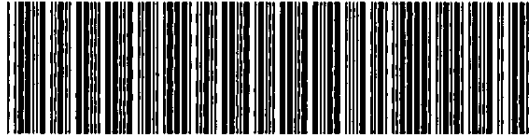
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~6015-32960~~

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05/04/15--01050--004 **70.00

APPROVED
AND
FILED
15 MAY 26 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V/H

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Physical Distribution Services 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," or "Certificate of Good Standing" 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:

Kristina Olson
Name of Person

Physical Distribution Service Inc
Firm/Company

55 West 78th Street
Address

Bloomington MN 55420
City/State and Zip code

Kristi@e-laborservices.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristina Olson at (952) 884-0765 ext 111
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2015

KRISTINA OLSON
55 WEST 78TH STREET
BLOOMINGTON, MN 55420

SUBJECT: PHYSICAL DISTRIBUTION SERVICES INC
Ref. Number: W15000032960

We have received your document for PHYSICAL DISTRIBUTION SERVICES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 915A00009745

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. Physical Distribution Services 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. Minnesota 3. 41-1334619
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 1978 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 04-19-2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Dale Robison 3111 Bel Air Dr # D16
(Principal office address)

55 West 78th St Bloomington MN 55426
(Current mailing address)

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

Name: Harvey Fox

Office Address: 2607 Leisure Lane

Leedsburg, Florida 34748
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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9. 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.

Harvey Fox
(Registered agent's signature)

10. 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.

APPROVAL
AND
FILED

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

A. DIRECTORS

15 MAY 26 PM 2:34

Chairman: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dale Robison

Address: 3111 Bel Air Dr # D16

Las Vegas NV 89109

Vice President: Kristina Olson

Address: 55 West 78th Street

Bloomington MN 55420

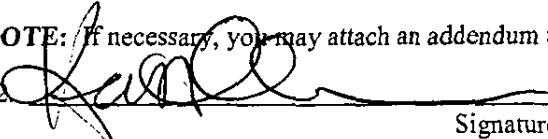
Secretary: Michael Robison

Address: 55 West 78th Street Bloomington MN 55420

Treasurer: Katherine Robison

Address: 55 West 78th Street Bloomington MN 55420

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Kristi Olson

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

AND
FILED

15 MAY 26 PM 2:

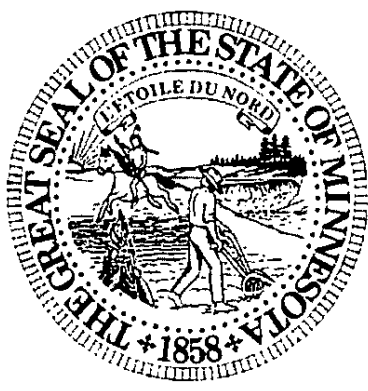
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Physical Distribution Services, Inc.
Date Filed: 06/15/1978
File Number: 3F-359
Minnesota Statutes, Chapter: 302A
Home Jurisdiction: Minnesota

This certificate has been issued on: 05/18/2015



Steve Simon

Steve Simon
Secretary of State
State of Minnesota