F/600001347

| (Requestor's Name) | | | | | |
|---------------------------|--------------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City | (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Bus | siness Entity Nan | ne) ; | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | of Status | | | |
| Special Instructions to F | Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE
SHOWING ANALOGE FILED

COVER LETTER

| TO: Registration Section Division of Corpora | | | |
|--|--|--|--|
| MD Logistics SUBJECT: | , Inc. | | |
| SOBJEC1. | Name of corporation | on - must include suffix | |
| Dear Sir or Madam: | | | |
| The enclosed "Application "Certificate of Existence," above referenced foreign co | or "Certificate of Good St | anding" and check are su | |
| Please return all correspond | lence concerning this mat | er to the following: | |
| Robert Grange | | | |
| | Name o | f Person | |
| MD Logistics, Inc. | | | SEC |
| | Firm/Co | трапу | ≟Ä ₹ m |
| 1301 Perry Road | | | ASS A |
| | Ado | Iress | m <u></u> |
| Plainfield, IN 46168 | | | |
| | City/State | and Zip code | <u> </u> |
| rgrange@mdlogistics.com | | | Ţ> ~~·· |
|] | E-mail address: (to be use | for future annual report | notification) |
| For further information con | cerning this matter, please | e call; | |
| Robert Grange | 317 at (| 707-3214 | |
| Name of Person | Area Co | ode Daytime Telep | phone Number |
| STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32 | n ations nter Circle 301 | MAILING A Registration 3 Division of C P.O. Box 632 Tallahassee, 2 | Section Corporations 17 |
| Enclosed is a check for the | tollowing amount: | | |
| ☐ \$70.00 Filing Fee ☐ | \$78.75 Filing Fee & Certificate of Status | ☐ \$78.75 Filing Fcc & Certified Copy | \$87.50 Filing Fec, 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. | MD Logistics, I | nc. | | | | | |
|-----|-------------------|--|------|--|--------------|-----------|---|
| | (Enter name of co | orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.") | .D,' | "COMPANY," "CORPORATION," | | | - |
| | Logistics MD, I | nc. | | | | | |
| | (If name unavaila | able in Florida, enter alternate corporate nar | ne : | adopted for the purpose of transacting bus | iness in Flo | orida) | - |
| 2. | Indiana | | 3. | 35-1975030 | | , | |
| | (State or country | y under the law of which it is incorporated) | | (FEI number, if applical | ole) | | _ |
| 4. | 12/22/1995 | | 5. | | | | _ |
| | , | of incorporation) | | (Date of duration, if other than | perpetual) | | |
| 6. | None at this time | | | | | | _ |
| | | (Date first transacted busines | s ir | Florida, if prior to registration) | • | | |
| | 1201 Down David | (SEE SECTIONS 607,1501 & 607 | 7.15 | 502, F.S., to determine penalty liability) | T'S | 16 | |
| 7 | 1301 Perry Road | Plainheld III | | | _ ECI | | _ |
| | | (Prir | ncip | al office address) | 建筑 | 3 | П |
| | | | | | ASS AS | | 1 |
| - | | (Current ma | ilir | ng address, if different) | jrig | <u> </u> | _ |
| | | | | | 三三沙 | | |
| 8. | Name and stree | et address of Florida registered agent: (| P.C | D. Box NOT acceptable) | 울품 | Ċΰ | |
| | | CSC | | | Smi | | ٠ |
| | Name: | | | | | | |
| or | fice Address: | 1201 Hayes Street | | | | | |
| | | Tallahassee, | | 32301 . Florida | | | |
| | | (City) | , | (Zip code) | | | |

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.

Carrle Pugh
Assi Vice President
(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.

| 11. Ņan | nes and business addresses of officers and/or directors: | |
|------------|--|---------------------------|
| A. DIR | ECTORS | |
| Chairman | Mark A Sell | |
| Address: | 1301 Perry Road Plainfield, IN 46168 | |
| | | |
| Vice Cha | irman: | |
| | | |
| | | |
| Director: | Jeff Luthman | |
| | 1301 Perry Road Plainfield, IN 46168 | |
| | | |
| Director: | John Sell | T SE |
| Address: | 1301 Perrry Road Plainfield IN: 46168 | 至四 景 刀 |
| | | I SSE |
| B. OFF | ICRDS | MO € D |
| | Mark Sell | LOR LOR |
| | 1301 Perry Road Plainfield, IN 46168 | |
| Address: | | |
| Vice Presi | Jeff Luthman | |
| | ident: | |
| Address: | | |
| Ca anatama | Jeff Luthman | |
| Secretary: | 1301 Perry Road Plainfield, IN 46168 | |
| Address: | Mark Sell | |
| Treasurer: | 1301 Perry Road Plainfield, IN 46168 | |
| Address: | | |
| NOTE: | If necessary, you may attach an addendum to the application listing additional officers a | nd/or directors. |
| 12. X | Mask Sell Signature of Director or Officer | |
| The offic | er or director signing this document (and who is listed in number 11 above) affirms that | the facts stated herein |
| a third do | nd that he or she is aware that false information submitted in a document to the Department for the Department of the De | nent of State constitutes |
| | A Sell President | |
| | (Typed or printed name and capacity of person signing application) | |

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

M D LOGISTICS, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on December 22, 1995, and was in existence or authorized to transact business in the State of Indiana on January 12, 2016.

I further certify this For-Profit Domestic Corporation has not filed its most recent report required by Indiana law with the Secretary of State and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twelfth Day of January, 2016.

Corrie Lawson

Connie Lawson, Secretary of State

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