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SECRETARY OF STME

HARRIS

COVER LETTER

TO:	O: Registration Section Division of Corporations						
SUBJE	ECT:	TT of Fi	rst Mile Servives, I	nc.			
SCDGI			Name	of corporati	ion -	must include suffix	
Dear Si	r or M	adam:					
"Certifi	cate of	f Existen	• •	te of Good S	tand	authorization to Transac ling" and check are subr s in Florida.	
Please r	eturn a	all corres	pondence concer	ning this ma	iter 1	to the following:	
Julie Bla	anco		•				
				Name	of P	erson	
				Firm/C	—— omp	any	
505 S. F	lagler l	Dr., Suite	700				
				Ad	dres	s	
West Pa	ılm Bea	ich,FL 334	401				
		-		City/State	e and	d Zip code	
jguittar@	@totalw	varrantyse	rvices.com				
			E-mail addre	ss: (to be use	d fo	r future annual report no	otification)
For furt	her inf	ormation	concerning this	matter, pleas	e ca	11:	
Julie Blanco at (651-4174				
	Name	of Perso		Area C	ode	Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclose \$70.			the following an \$78.75 Fili Certificate	ng Fee &		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 14, 2016

Krow.

JULIE BLANCO (561-651-401) 505 S FLAGLER DR, SUITE 700 WEST PALM BEACH, FL 33401

SUBJECT: TT OF FIRST MILE SERVICES, INC.

Ref. Number: W16000027713

16 KAY -5 AN IO: 23
SECRETANY OF STATE
TALL AWASSEE, FLORIDA

We have received your document for TT OF FIRST MILE 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):

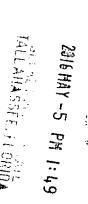
The registered agent must sign accepting the designation.

Please return 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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 216A00007706



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	e Services, Inc.					
(Enter name of e "Inc.," "Co.," "C	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION	Ι,"			
First Mile Scrv	ices					
(If name unavail	able in Florida, enter alternate corporate na	me adopted for the purpose of transacting	g business in Florida)			
2. Illinois						
	State or country under the law of which it is incorporated) (FEI number, if applicable)					
12/03/15		5				
(Date	of incorporation)	(Date of duration, if other t	(Date of duration, if other than perpetual)			
6.	· · · · · · · · · · · · · · · · · · ·					
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabilit	v)			
333 E. Butterfield	d Rd., Suite 820, Lumbard, II, 60148		•			
1		icipal office address)				
505 S. Flagler Di	r., Suite 700, West Palm Beach, FL 33401					
**************************************	(Current ma	fling address, if different)	all Maries and the State of the			
			طيس إسيب			
8. Name and stree	et address of Florida registered agent: (1	P.O. Box <u>NOT</u> acceptable)	ASS ST			
Name:	C T Corporation System					
Office Address:	1200 South Pine Island Road					
Office Audress:	Diversities	33224 Ties 37				
	Plantation	, Florida 33324 (Zip code)	To a C			
	(City)	(Zip code)	23 Paris			
9. Registered age	ent's acceptance;		Em w			
Having been name	ed as registered agent und to accept sei					
	application, I hereby accept the appoint					
duties, and I am fa	emply with the provisions of all statutes amiliar with and accept the obligations	of my position as registered agent.	e perjormance of my			
•	C T Corporation	•	•			
		Angel Nunez				
Ву:_		Assistant Secretar	γ			
	Registered	d agent's signature)				
10. Attached is a c	ertificate of existence duly authenticate	d, not more than 90 days prior to del	ivery 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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ___ Address: _ Mathew Joffe Director: 505 S. Flagler Drive, Suite 700 Address: West Palm Beach, FL 33401 Director: Address: **B. OFFICERS** Matthew Joffe 505 S. Flagler Dr., Suite 700, West Palm Beach, FL 33401 Vice President: Juliana Blanco Secretary: 505 S. Flagler Dr., Suite 700, West Palm Beach, FL 33401 Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Juliana Blanco /Secretary

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



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

TT OF FIRST MILE SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 03, 2015, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST

day of

APRIL

A.D.

2016

Authentication #: 1609201770 verifiable until 04/01/2017
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE