

F17000003816

(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:

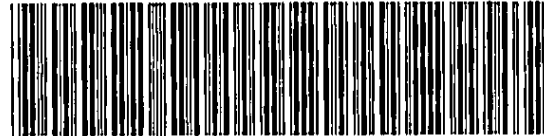
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2017 AUG 14 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W7-67095

Office Use Only



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17 AUG 23 PM 1:40

DIVISION OF CORPORATIONS

O. SIMMONS
AUG 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2017

JONATHAN SMITH
201 12TH ST
ST AUGUSTINE, FL 32080

SUBJECT: DEDICATED LOGISTICS SERVICES, INC.
Ref. Number: W17000067095

We have received your document for DEDICATED LOGISTICS SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 717A00016723

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2017 AUG 23 PM 12:04
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dedicated Logistics 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:

Jonathan Smith

Name of Person

Dedicated Logistics Services, Inc.

Firm/Company

201 12th St.

Address

St Augustine, FL 32080

City/State and Zip code

jsmith@dedicateddelivers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen M Hazleton

Name of Person

at (570) 735-0418

Area Code

Daytime Telephone 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

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. Dedicated Logistics Serviceco, 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. Pennsylvania 3. 04-3591279
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1-22-2002 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. August 10, 2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 201 12th St., St Augustine, FL 32080
(Principal office address)

PO Box 307, White Haven, PA 18661
(Current mailing address, if different)

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

Name: Karen M Hazleton

Office Address: 220 Palermo Place

Lady Lake, Florida 32159
(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.

Karen M Hazleton
(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.

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DIVISION OF CORPORATIONS

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jonathan Smith

Address: 201 12th St., St Augustine, FL 32080

Vice President: Jonathan Smith

Address: 201 12th St., St Augustine, FL 32080

Secretary: Jonathan Smith

Address: 201 12th St., St Augustine, FL 32080

Treasurer: Jonathan Smith

Address: 201 12th St., St Augustine, FL 32080

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 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. Jonathan Smith

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

17 AUG 23 PM 1:41
DIVISION OF CONSTITUTIONS

FILED

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

07/20/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

DEDICATED LOGISTICS SERVICES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes
Secretary of the Commonwealth

Certification Number: TSC170720161631-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>