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COVER LETTER

TO:	O: Registration Section Division of Corporations				
CHDI	ECT: HSL S	SHIPPING & LOGISTIC	CS (NA) INCOR	PORATED	
SUDa	ECI	Name o	f corporation -	must include suffix	
Dear S	ir or Madam:				
"Certi	ficate of Exist	cation by Foreign Corence," or "Certificate elegan corporation to tra	of Good Standi	ng" and check are sub-	et Business in Florida," mitted to register the
Please	return all corr	espondence concernir	ng this matter to	the following:	
STAC	Y GREENBER	G			
			Name of Pe	rson	
HSL S	HIPPING & LO	OGISTICS (NA) INCOR	RPORATED		
-			Firm/Compa	ny	
1650 L	AKE COOK R	OAD, SUITE 300B			
			Address		
DEER	FIELD, IL 600	15			
			City/State and	Zip code	
lcgal@	hsl-logistics.co				
		E-mail address:	(to be used for	future annual report r	notification)
For fur	rther informati	ion concerning this ma	atter, please cal	:	
STAC	FACY GREENBERG 224 533 - 2123				
-	Name of Pe	rson	Area Code	Daytime Telepi	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please		for the following amo vable to: FLORIDA DE 578.75 Filing Certificate o	PARTMENT O	F STATE 678.75 Filing Fee & Certified Copy	S87.50 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.

		dopted for the purpose of transacting busines.	s in Florida)
IL.	der the law of which it is incorporated) 3.	20 - 4729007 (FEI number, if applicable)	
	der the law of which it is incorporated)	(FEI number, if applicable)	
JULY 11, 200	ncorporation) 5.	PERPETUAL (Date of duration, if other than perpe	tuol\
(Date of i	ncorporation)	(Date of duration, if other than perpe	:tuai)
1650 LAKE COO	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150) K ROAD, SUITE 300B, DEERFIELD, IL	02, F.S., to determine penalty liability)	
1030 LAKE COO	<u> </u>	e <u>street</u> address)	
	(/ meipar ome	e garage	
	(Current mailing	address, if different)	
Name and <u>street ac</u> Name:	CSC Corporation Se	Box <u>NOT</u> acceptable) <u>Tri</u> ce Company	Sabababa Sabawa Sabawa
	maria de nomo	. Florida	
	(City)	(Zip code)	:-)د
esignated in this apport	is registered agent and to accept servic dication, I hereby accept the appointm	e of process for the above stated corpora ent as registered agent and agree to act lative to the proper and complete perfor ition as registered agent	in this capacity

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name:	BENJAMIN MALKIN
□Vice Chairman	Address:	□Vice Chairman	Address:	1650 LAKE COOK ROAD
Director	SUITE 300B	■Director	SUIT	E 300B
President	DEERFIELD, IL 60015	□President	DEER	FIELD, IL 60015
□Vice President		□Vice President		
■ Secretary	☐Treasurer	□Secretary		Treasurer
□Other	□Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		☐Director		
□President		□President		
		□Vice President		
☐ Secretary	□Treasurer	Secretary		□Treasurer
□Other		□Other		□Other
				21
□Chairman	Name:	□ Chairman	Name:	AUG +5
□Vice Chairman	Address:	□Vice Chairman		भूदें 5
□Director		□Director		
□President		□President		3 6
□Vice President		□ Vice President		
☐ Secretary	□Treasurer	☐ Secretary		Treasurer
□Other	Other	□Other		Other
	Use an attachment to report more than six (6). The attacl added to the index when filing your Florida Departmen			
12.	Signature of Director or			
	ctor signing this document (and who is listed in number also information submitted in a document to the Departm	H above) affirms the	ites a third	
	(Typed or printed name and capacity of person	n signing application	1)	

File Number

6435-208-3



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

HSL SHIPPING & LOGISTICS (NA) INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 11, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, 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 3RD day of AUGUST A.D. 2021 .

Authentication #: 2121501450 verifiable until 08/03/2022
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE