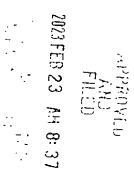
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COVER LETTER

TO:	Registratio Division of	n Section Corporations				
SUBJ	ECT:	TMC	LOGIS	MCS	INC.	
5030			of corporation -			
Dear S	ir or Madam	:				
"Certif	icate of Exis	lication by Foreign C stence," or "Certificat preign corporation to	e of Good Standi	ng" and chec		
Please	return all co	rrespondence concert	ning this matter to	the following	ıg:	
		JOSKO	Name of Pe	\mathcal{L}		
			Name of Pe	erson	·	
		DMT	1691STIC	S /HO	<u> </u>	
		-	Firm/Comp	any		
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			Address	8		
		ST. LO	UIS. MO		OP-37	7-25
			City/State and	l Zip code		
		44RADNIC				
		E-mail addre	ss: (to be used for	r future annu	al report notif	ication)
For fur	ther informa	tion concerning this	matter, please cal	1:		
	OS Ko	PMONIC Person	at (929	224	- 67	Number
	Name of t	Craon	Area code	Dayii	me reception	, rvanioci
	Registration Division of The Centre 2415 N. M	COURIER ADDRE on Section of Corporations of Tallahassee onroe Street, Suite 8 e, FL 32303		Regi Divi P.O.	stration Secti sion of Corpo Box 6327 hhassee, FL 3	on orations
Please	ed is a check make check po 0.00 Filing Fo	c for the following an ayable to: FLORIDA I see	DEPARTMENT Coing Fee &	OF STATE \$78.75 Filing Certified Co	·	§ \$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.

"Inc" "Co" "Cor	poration; must include p." "Inc." "Co." or "C	-OG/STICS	"COMPA	Y_, /NC.		
2. MISS (State or country) 4. Fees (Date o	OUP under the law of which	ternate corporate name and the it is incorporated) 5.		(FEI number, if ap	oplicable)	<u> </u>
6 7. <u>60</u>	(SEE SECTION	st transacted business in ONS 607.1501 & 607.150 A 3307 (Principal office	02. F.S., to	determine penalty liabil		_
Name:	105K0 60 HE	(Current mailing registered agent: (P.O. 1240 NIC 14 St apt 33	Box NO	<u>r</u> acceptable)	2023 FEB 23 /M 8: 37	근본스로
designated in this a further agree to co	d as registered age pplication, I hereb mply with the provi	nt and to accept service y accept the appointment sions of all statutes resulting at the appointment of my post	ent as reg lative to ti ition as re	istered agent and agr he proper and comple	ee to act in this ca	pacity. I

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.

A. DIRECTORS				
□Chairman	Name: JOSES RADI		Name:	
□Vice Chairman	Address: 60 HE 14 St	□ Vice Chairman	Address:	
□Director	<u>* 3307</u>	Director		
₹ President	MIAMI TE	33132 President		·
□Vice President		□ Vice President		
Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other			□Other
□ Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	Vice Chairman	Address:	<u>.</u>
□Director		Director		
□President		□ President		
□ Vice President		□ Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	☐ Other		Other
	v	T Chairman	N'	
Chairman	Name:			
	Address:	Elp:		
Director				
☐ President				
□Vice President			 	
Secretary	□Treasurer	☐ Secretary		☐Treasurer _
Other	Other	Other		Other
Important Notice: individuals may be	Use an attachment to report more that added to the index when filing your	nn six (6). The attachment will be imaged. Flath Department of State Annual Re	d for reporting purport form.	irposes only. Non-indexed
12.	Sign	atth of Director or Officer		
The officer or directly she is aware that for s.817.155, F.S.	ctor signing this document (and who also information submitted in a docu	is listed in number 11 above) affirms the ment to the Department of State constitution.	at the facts stated tes a third degree	I herein are true and that he or e felony as provided for in
13.	→ -	. <u> </u>		

STATE OF MISSOURI



John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R, ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

DMT LOGISTICS INC 001377048

was created under the laws of this State on the 5th day of July, 2019, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 24th day of January, 2023.

Secretary of State

Certification Number CERT-01242023-0057

