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| Certified Copies          | Certificates      | of Status |  |  |  |
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#### **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |  |  |  |
|--|--|--|--|--|
| SUBJECT: 4PL Express Services, LLC   |  |  |  |  |
|  | ited Liability Company)  |  |  |  |
|  | bility Company for Authorization to Transact Business in<br>bmitted to register the above referenced foreign limited |  |  |  |
| Please return all correspondence concerning this m   | atter to the following:  |  |  |  |
| Robert A. Stermer, Esq.  |  |  |  |  |
| (Na  | me of Person)  |  |  |  |
| Robert A. Stermer, Attorney at Law   |  |  |  |  |
| (Fir   | m/Company)   |  |  |  |
| 7763 SW Hwy. 200   |  |  |  |  |
| (Address)  |  |  |  |  |
| Ocala, FL 34476  |  |  |  |  |
| (City/State and Zip Code)  |  |  |  |  |
| For further information concerning this matter, plea   | ase call:  |  |  |  |
| Robert A. Stermer, Esq.  | at ( 352 ) 861-0447  |  |  |  |
| (Name of Person)   | (Area Code & Daytime Telephone Number)   |  |  |  |
| MAILING ADDRESS: Division of Corporations  | STREET ADDRESS: Division of Corporations   |  |  |  |
| P.O. Box 6327  | - · · · · · · · · · · · · · · · · · · ·  |  |  |  |
| Tallahassee, FL 32314  | 2661 Executive Center Circle Tallahassee, FL 32301   |  |  |  |
| Enclosed is a check for the following amount:  \$\Bigsim \frac{1}{25.00}\$ \text{ Filing Fee & Certificate of } \text{ Certificate of }  Certifica | ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy            |  |  |  |



December 13, 2005

ROBERT A. STERMER, ESQ. 7763 SW HYW. 200 OCALA, FL 34476

SUBJECT: 4PL EXPRESS SERVICES, LLC

Ref. Number: W05000054777

We have received your document for 4PL EXPRESS SERVICES, LLC and your check(s) totaling \$1210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6067.

Letter Number: 305A00071644

Neysa Culligan Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

|   | Services, LLC<br>(Name of Foreign Lin  | nited I              | ability Company)   |  |
|---|--|----------------------|--|--|
| Delaware<br>(Jurisdiction under<br>company is organiz | the law of which foreign limited liab  | 3.                   | 80-009805<br>(FEI number, if appl  | icable)                                |
| March 5, 20   | •  | 5                    | perpetual  (Duration: Year limited liability or exist or "perpetual")                                  | ompany will cease to                   |
| March 5, 20   | 04   |                      | onut of purposes,  |  |
| ***************************************               | (Date first transacted business<br>(See sections 608.501 & 608.50  | s in Flo<br>02 F.S.  | rida, if prior to registration.)<br>to determine penalty liability)                                    | SECT<br>ALL                            |
| 5136 Twin F   | Palms Road   | <del></del>          |  | DEC 2                                  |
| Fruitland Pa  |  |                      |  | 21 PH                                  |
|   | (Street Ad   | ldress o             | of Principal Office)   | 프스 9                                   |
| If limited liabil                                     | ity company is a manager-man   | aged o               | company, check here 🗸  | ORIDE ORIDE                            |
| The name and  | usual business addresses of the  | mana                 | ging members or managers are   | as follows:                            |
| Sherry Bibby  | , 5136 Twin Palms Road,  | Fruitl               | and Park,FL 34731  |  |
|   | A CONTRACTOR OF THE CONTRACTOR |                      |  | 7-14                                   |
|   |  |                      |  | ······································ |
|   |  | ··                   |  |  |
| jurisdiction under t                                  |  | otocopy              | ays old, duly authenticated by the officia<br>is not acceptable. If the certificate is in a<br>itted.) |  |
| nstation of the certifi                               |  |                      |  |  |
|   | ness or purposes to be conduct   | ted or               | promoted in Florida: trucking  | services                               |
|   | ness or purposes to be conduct   | ted or               | promoted in Florida: trucking  | services                               |
|   | Signature of a member or a   | an autl<br>8(3), F.S | horized representative of a mem  | ber.                                   |

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| l. | The name | of the | Limited | Liability | Company | is: |
|----|----------|--------|---------|-----------|---------|-----|
|----|----------|--------|---------|-----------|---------|-----|

#### 4PL Express Services,LLC

2. The name and the Florida street address of the registered agent and office are:

| Robert A. Sterme | er, Esq.                            | KE G                      |
|------------------|-------------------------------------|---------------------------|
|                  | CORELL<br>LLAH                      |                           |
| 7763 SW Hwy.     | 200                                 | 21<br>7. IL               |
| Florida Stree    | t Address (P.O. Box NOT ACCEPTABLE) | PR ED                     |
| Ocala,           | FL 34476                            | 3: 49<br>5   ATE<br>LORID |
|                  | City/State/Zip                      | <b>~</b> —                |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "4PL EXPRESS SERVICES LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE FIFTH DAY OF MARCH, A.D. 2004, AT 4:23 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID LIMITED LIABILITY COMPANY.

Harriet Smith Window Sayron of Says

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4310012
DATE: 11-21-05

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