# MOADOD 1947

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SECRETARY OF STATE
ASSEE FLORIDA

#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE			
	Name of Limited Liability Company		
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.		
Please	eturn all correspondence concerning this matter to the following:		
	Tracy L. Hughes		
Name of Person			
MyExpressShip.com, LLC.			
Firm/Company			
999 NE 125th Street			
Address			
Miami, FL. 33161			
City/State and Zip Code			
tracy@myexpressship.com			
	E-mail address: (to be used for future annual report notification)		
For fur	ner information-concerning this matter, please call:		
	Gregg A. Powell at ( 520 ) 220-6227		
	Name of Person Area Code & Daytime Telephone Number.		
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		
Enclo	Tallahassee, FL 32301  ed is a check for the following amount:  ✓ \$125.00 Filing Fee \$\sum_\$130.00 Filing Fee & \$\sum_\$\$160.00 Filing Fee, Certificate Certificate of Status \$\sum_\$\$ Certified Copy		

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

	APLIANCE WITH SECTION 608503, FLORIDA STATUTES, DLIABILITY COMPANY TO TRANSACT BUSINESS IN THE ST		OREKIN
1.	MyExpressShir	p.com. LLC.	
(	MyExpressShip Name of Foreign Limited Liability Company, must include	"Limited Liability Company," "L.L.C.," or "LEC.")	<del>*</del> ,
	GlobalExpressShi		
consent	of the managers or managing members adopting the alternaty," "L.L.C;" "LLC.")	of transacting business in Florida and attach a copy of the ate name. The alternate name must include "Limited Liabi	written lity
2	Dover Delaware  3. diction under the law of which foreign limited liability	264376501	:
comp	any is organized)	(FEI number, if applicable)	•
4	02/11/2009 5. (Date of Organization)	perpetual (Duration: Year limited liability company will cease to	_ •
•	(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")	•
6. N/A			
	(Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to	da, if prior to registration.) o determine penalty liability)	•
7. 999	NE 125th Street		_
	ami, FL. 33161 (Street Address of	Principal Office)	<u>-</u> :
	mited liability company is a manager-managed co		
Gr	egg A. Powell 999 NE 125th Street Miami, F	L. 33161	-
<u> </u>			-
<del></del>	·		_
the jurisd	ched is an original certificate of existence, no more than 90 day liction under the law of which it is organized. (A photocopy is on of the certificate under oath of the translator must be submitted.	s not acceptable. If the certificate is in a foreign language, a	cords in
11. Na	iture of business or purposes to be conducted or pr	oromoted in Florida:	-
	Shipping softwa		.•
	A		
	Signature of a member or an author (In accordance with section 608.408(3), F.S., an affirmation under the penalties of perjury	orized representative of a member 5	
	Grean A	Powell	

Typed or printed name of signee

### 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.

1. The name of the Limited Liability Company is:

MyExpressShip.com, LLC.	<u> </u>			
If unavailable, the alternate to be used in the state of Florida is:				
GlobalExpressShip.com, LLC.				
2. The name and the Florida street address of the registered agent and offi	ce arë:			
Tracy L. Hughes				
(Name)				
999 NE 125th Street				
Florida Street Address (P.O. Box NOT ACCEPTABLE)				
Miami, FL. 33161				
City/State/Zip				
Having been named as registered agent and to accept service of process for a liability company at the place designated in this certificate, I hereby accept to agent and agree to act in this capacity. I further agree to comply with the process for a relating to the proper and complete performance of my duties, and I am family obligations of my position as registered agent as provided for in Chapter 608 (Signature)	he appointment as registered ovisions of albstatutes liar with and accept the			

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

\$ 500 Certificate of Status (optional)

\$ 25.00

Designation of Registered Agent

## Delaware

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#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MYEXPRESSHIP.COM, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MAY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID
"MYEXPRESSSHIP.COM, LLC" WAS FORMED ON THE ELEVENTH DAY OF
FEBRUARY, A.D. 2009.

4654786 8300

090469074

AUTHENTICATION: 7300559

DATE: 05-13-09

You may verify this certificate online at corp.delaware.gov/authver.shtml