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(Re	equestor's Name)			
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PICK-UP	MAIT	MAIL		
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(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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T. HAMPTON

MAY 2 7 2009

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	HENIFF	TRANSI	PORTATION	SYSTEMS LLC
_		(Name of Lim	nited Liability Comp	pany)
Florida," Cert		and check are si		Authorization to Transact Business in the above referenced foreign limited
Please return a	all correspondence co	oncerning this n	natter to the followi	ng:
	JAM	ES	DAMIC	Ó
			ime of Person)	
		(Fi	rm/Company)	
	512	w. Bo	PRLINGTON	,
			(Address)	
	LAGR	ANGE,	TL (,0525
		(City/Si	tate and Zip Code)	
For further inf	formation concerning	this matter, ple	ease call:	
J.	anes D'Ar	7140	at (708)	352-5724 Daytime Telephone Number)
	(Name of Pe	erson)	(Area Code &	Daytime Telephone Number)
Divisio P.O. B	on of Corporations Sox 6327 assee, FL 32314		STREET ADDR Division of Corp Clifton Building 2661 Executive C Tallahassee, FL	orations Center Circle
	check for the followi .00 Filing Fee ☐\$13	ng amount: 0.00 Filing Fee & Certificate of	□\$155.00 Filing F f Status Certific	Fee & \$\int_\$160.00 Filing Fee, Certificate ed Copy of Status & Certified Copy

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

IN COMPILANCE 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:

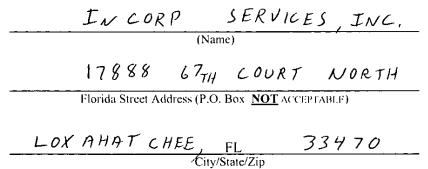
L HENIFF TRANSPORTATION SYSTEMS, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "	L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida consent of the managers or managing members adopting the alternate name. The alternate name mu Company," "L.L.C.," "LLC.")	a and attach a copy of the writter st include "Limited Liability
2. ILLINOIS 3. 74-3243618	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if a	applicable)
4. 12/31/2007 5. PERPETUAL	
(Date of Organization) (Duration: Year limited liabilit exist or "perpetual")	y company will cease to
6. 1/1/09	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	60 SEAIDIA
7. 7416 W. COUNTY LINE ROAD	MAY
BURR RIDGE, ILLINOIS 60527	FILE PF CE
(Street Address of Principal Office)	A POS
8. If limited liability company is a manager-managed company, check here 🗹	STATE DRATIO
9. The name and usual business addresses of the managing members or managers a	ire as follows:
ROBERT J. HENIFF	
7416 W. COUNTY LINE ROAD	
BURR RIDGE, ILLINOIS 60527	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is translation of the certificate under oath of the translator must be submitted.)	sin a foreign language, a
11. Nature of business or purposes to be conducted or promoted in Florida: CON	MERCIAL
TRANSPORTATION AND TERMINAL SERVICES.	,
Signature of a member or an authorized representative of a member of an authorized representative of a member of an accordance with section 608.408(3), F.S., the execution of this document con an affirmation under the penalties of perjury that the facts stated herein are true:	stitutes
ROBERT J. HENIFF	

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:	
HENIFF TRANSPORTATION SYSTEMS, LLC	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	_



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.

Janice rull on behalf of Incorp Services, Inc.

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

\$ 5.00 Certificate of Status (optional)

09 MAY 26 AM ID: 13

File Number

0242534-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

HENIFF TRANSPORTATION SYSTEMS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 31, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 12TH day of A.D. MAY 2009

Authentication #: 0913201350

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE