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EXAMINER

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SECRETARY OF STATE

COVER LETTER

- The enclosed "App		ne of Limited Liability Company
- The enclosed "Ap		, ,
Existence, and the	plication by Foreign Limited Liab eck are submitted to register the a	bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please return all co	orrespondence concerning this ma	atter to the following:
_	JOHN PAULICH, III	
		Name of Person
<u>-</u>	PAULICH, SLACK & WOI	
		Firm/Company
	5147 CASTELLO DRIV	
		Address
1	NAPLES, FL 34103	
_		City/State and Zip Code
_	SALES@MARISSOL	UTIONS.US to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, plea	se call:
JOHN	PAULICH, III	at (239) 261-0544
	Name of Person	Area Code & Daytime Telephone Number
	G ADDRESS: of Corporations	STREET ADDRESS: Division of Corporations
	ion Section	Registration Section
P.O. Box		Clifton Building
Tallahass	ee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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:

1. MARIS LOCISTICS, 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 and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. DELAWARE (Jurisdiction under the law of which foreign limited liability 3. 26-3996057 (FEI number, if applicable)
company is organized)
4. 01/06/2009 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 22039 US HIGHWAY 19 N
CLEARWATER, FL 33765
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here
9. The name and usual business addresses of the managing members or managers are as follows:
SCOTT NEFF
22039 US HIGHWAY 19 N.
CLEARWATER, FL 33765
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
GLOBAL TRANSPORTATION AND LOGISTICS
Signature of a member or an authorized representative of a member.
(In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the

penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

JOHN PAULICH, III, ESQ.

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 Con	mpany is:
MARIS LOGISTICS, LLC	
If unavailable, the alternate to be used in	the state of Florida is:
2. The name and the Florida street addre	ss of the registered agent and office are:
CORPORATE REGIS	STERED AGENT, LLC
	(Name)
5147 CASTELLO D	RIVE
Florida Street A	Address (P.O. Box <u>NOT</u> ACCEPTABLE)
NAPLES	FL 34103
	City/State/Zip

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

DELAWARE, DO HEREBY CERTIFY "MARIS LOGISTICS 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 THIRD DAY OF MARCH, A.D. 2011.

4642012 8300

110256162

AUTHENTY CATION: 8597609

DATE: 03-03-11

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