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DATE:

06-23-2011

NAME:

RELOGISITICS SERVICES, LLC

TYPE OF FILING: APPLICATION BY FOREIGN LLC TO TRANSACT BUSINESS IN FLORIDA

**COST:** 

\$155

**RETURN:** 

**CERTIFIED COPY** 

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

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#### COVER LETTER

COVER LETTER	9.
TO: Registration Section Division of Corporations	a," Certificate of siness in Florida
SUBJECT: reLogistics Services, LLC	S Ongo
Name of Limited Liability Company	<b>7</b>
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."	a," Certificate of siness in Florida
Please return all correspondence concerning this matter to the following:	
Capitol Services Corporate Filings Team	
Name of Person	-
Capitol Services, Inc.	
Firm/Company	
800 Brazos, Suite 400	
Address	
Austin, TX 78701	
City/State and Zip Code	
Mike.Hachtman@ifcosystems.com  E-mail address: (to be used for future annual report notification)	IMPORTANT: The email address entered here will be
For further information concerning this matter, please call:	utilized for future ANNUAL REPORT NOTIFICATIONS!
Capitol Services Corporate Filing Team at ( 800 ) 345-4647	
Name of Person Area Code & Daytime Telephone Number	-
MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301	
Enclosed is a check for the following amount:  \$\int\\$\$125.00\text{ Filing Fee} \text{\$\sum_{\text{S}130.00}\$ Filing Fee & Certified Copy} \text{\$\sum_{\text{S}160.00}\$ Filing Fee, Certified Copy} \text{\$\sum_{\text{of Status & Certified Copy}} \$\sum_{\text{of Sta	

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE S	S, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREST
1 reLogistics Services, LLC	on a contract.
(Name of Foreign Limited Liability Company; must include	le "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	o of transacting business in Florida and attach a copy of the writte nate name. The alternate name must include "Limited Liability
2. Delaware 3.	N/A
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	Porpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
7. 10565 Katy Freeway, Suite 430, Houston, Texas 77024	
(Street Address of	f Principal Office)
s. If infined hadring company is a manager-managed c	ompany, check here [v]
). The name and usual business addresses of the manag	ging members or managers are as follows:
Michael A. Hachtman - 10565 Katy Freeway, Suite 430, Hous	oton, Texas 77024
0. Attached is an original certificate of existence, no more than 90 day	and deligational by the official harrise material efficients
the jurisdiction under the law of which it is organized. (A photocopy is ranslation of the certificate under eath of the translator must be submit	is not acceptable. If the certificate is in a foreign language, a
1. Nature of business or purposes to be conducted or p	promoted in Florida: Manufacture of and logistics and
related services associated with pallets.	<u> </u>
M. A	
Signature of a member or an auth	orized representative of a member.
document to the Department of State constitutes a	ion of this document constitutes an affirmation under the I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.) thiman, Manager
Typed or printed n	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.

y is:
tate of Florida is:
the registered agent and office are:
es, Inc.
(Name)
Α
s (P.O. Box <u>NOT</u> ACCEPTABLE)
FL 32301
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.

Kata Ai

Krista Ali, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

(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 "RELOGISTICS SERVICES, 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 TWENTY-SECOND DAY OF JUNE, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RELOGISTICS SERVICES, LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2011.

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

4980484 8300

110751761

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 8854648

DATE: 06-22-11

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