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

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

1. LMS Intellibound, LLC

(Name of Foreign Limited Liability Company: must include "Limited Liability Company." "L.L.C.," or "L.L.C.")

name una	vailable, enter alternate name adopted for the emanagers or managing members adopting the	purpose o	of transacting bus	siness in Plorida a	nd attach a	copy of the w	
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	Georgia on under the law of which foreign limited liab	3.		58-2520947	7		
Jurisdicti ompany i	on under the law of which foreign limited liab s organized)	ility	(FE	<b>58-2520947</b> EI number, if appl	icable)		
	05/19/1999	5.		perpetual			
	(Date of Organization)	_	(Duration: Year exist or "perpet	perpetual  Duration: Year limited liability company will cease to ist or "perpetual")			
	upon	registi	ration				
	(Date first transacted business (See sections 608,501 & 608.50	in Florid 2 F.S. to	a, if prior to regis determine penalt	stration.) y liability)			
	6525 The Corners Parkway, Suite 520, Norcross, GA 30092						
	(Street Ad	dress of P	rincipal Office)	· =			
			rincipal Office)				
If limite	(Street Add		•				
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(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.)

William Harper, Manager of Capstone Logistics, LLC, its sole Member

Typed or printed name of signee

From:

(((H11000267715 3)))

## 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.

	LMS in	telilbound, LL	<b>C</b>			
If unavailable, the alterna						
2. The name and the Flo	rida street address o	f the registered	agent and office are:	ZOLI NON SECRE		
	National Corporate Research, Ltd., Inc.					
<del></del> -		(Name)		77 1		
	515 E Florida Street Addre	ast Park Avenu		SSEE. S		
	الارن نوري					
	Tallahassee	FL	32301	RIO		

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)

& Oulul

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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Control No. 11069588

### STATE OF GEORGIA

### Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### LMS INTELLIBOUND, LLC

#### **Domestic Limited Liability Company**

was formed or was authorized to transact business on 05/19/1999 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 27th day of October, 2011

B: Ph

Brian P. Kernp Secretary of State

Certification Number: 7800626-I Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp