(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECREGARY OF STATE
SELLAHASSEE, FLORIDA

CR2E027 (9/10)

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ABSOLUTE LOGISTICS L.L.C. Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the following:
CHUCK SMITH Name of Person
Name of Person
Firm/Company .
228 W. COUNTRY GABLES
Address
PHOENIX A 2 BS023 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
01/10/ Cotto H (02 22 0.00
CHUCII SMITH at (602) 320- 9199 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section Registration Section
P.O. Box 6327 Cliffon Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
★\$125.00 Filing Fee

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

1. ABSOLUTE LOGISTICS 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 written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability"
Company," "L.L.C," "LLC.")
2. ARJZONA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 36 - 0346644 (FEI number, if applicable)
4. 12/12/2005 5. PERTETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
6.
7. 228 W. COUNTRY GABLES
PHOENTX A & BSO 23 (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:
STAN OVERTON C, SMITH
8256 LIME TREE CT 228 W. COYNTRY GABLE.
ORLANDO FL 32836 PHOENIX, AZ 85823
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: RESELLER
OF MEDICAL SUPPLIES
Signature of a member of 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

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:
ABSOLUTE LOGISTICS LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
STANLEY OVERTON (Name)
Florida Street Address (P.O. Box NOT ACCEPTABLE)
OR LANDO FL 32836 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.

Stal Ont

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)







Office of the CORPORATION COMMISSION CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

It is hereby certified by the Arizona Corporation Commission that

***ABSOLUTE LOGISTICS, L.L.C. ***

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 12th day of December 2005.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 10th Day of January, 2013, A. D.

Janue alward

Chief Counsel, Legal Division, for the Executive Director

By: 857401



