

M14000001442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

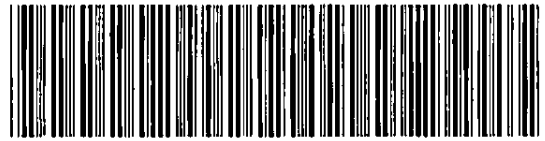
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000438045250

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CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 11/21/24
Order #: 1692641-1
Re: National Distribution Centers, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

A handwritten signature in black ink, appearing to read "Amanda Miller", is written over the text of the enclosed find.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Distribution Centers, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chief Legal Officer

Name of Person

National Distribution Centers, LLC

Firm/Company

2 Cooper Street, 10th Floor

Address

Camden, NJ 08102

City/State and Zip Code

nfilegal@nfiindustries.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

at ()
Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

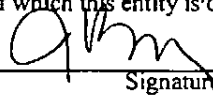
SECTION I (1-4 must be completed)

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Officer	Sidney R. Brown	2 Cooper Street, 10th Floor	<input checked="" type="checkbox"/> Add
		Camden, NJ 08102	<input type="checkbox"/> Remove
Officer	Irwin J. Brown	2 Cooper Street, 10th Floor	<input checked="" type="checkbox"/> Add
		Camden, NJ 08102	<input type="checkbox"/> Remove
Officer	Jeffrey S. Brown	2 Cooper Street, 10th Floor	<input checked="" type="checkbox"/> Add
		Camden, NJ 08102	<input type="checkbox"/> Remove
Officer	Kevin Patterson	2 Cooper Street, 10th Floor	<input checked="" type="checkbox"/> Add
		Camden, NJ 08102	<input type="checkbox"/> Remove
	SEE ATTACHED		<input type="checkbox"/> Add

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Jennifer Barzi

Typed or printed name of signee

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2024 NOV 21 AM 10:40

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**ATTACHED TO AND MADE A PART OF APPLICATION BY FOREIGN LIMITED
LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO
TRANSACTION BUSINESS IN FLORIDA**

NATIONAL DISTRIBUTION CENTERS, LLC

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Officer	Steven S. Grabell	2 Cooper Street, 10 th Floor Camden, NJ 08102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Officer	Scott E. Brucker	2 Cooper Street, 10 th Floor Camden, NJ 08102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Officer	Stephen Dolchanczyk	2 Cooper Street, 10 th Floor Camden, NJ 08102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Officer	Jennifer Borzi	2 Cooper Street, 10 th Floor Camden, NJ 08102	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Manager	Jeffrey S. Brown	2 Cooper Street, 10 th Floor Camden, NJ 08102	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Manager	Sidney R. Brown	2 Cooper Street, 10 th Floor Camden, NJ 08102	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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