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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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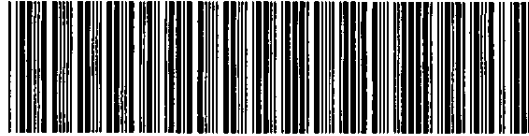
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 AUG 19 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 20 2015

J SHIVERS

# **Homeland 1 Logistics, LLC**

**336 West U.S. 30, Suite 201**

**Valparaiso, Indiana 46385**

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August 17, 2015

Florida Secretary of State

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

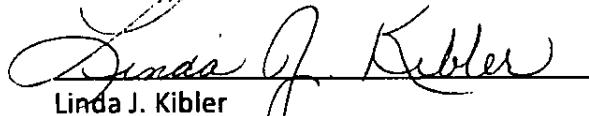
Dear Madam/Sir:

Enclosed for filing are the application cover letter for Homeland 1 Logistics LLC; an Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida; a Certificate of Amendment issued by the Indiana Secretary of State; a Certificate of Existence issued by the Indiana Secretary of State; a check in the amount of \$25.00 for filing fees; and a file copy for return to me in the enclosed self-addressed stamped envelope.

If you have questions, please contact me at the above address; by telephone at 219-476-1324; or by e-mail at [lkibler@tcservices.biz](mailto:lkibler@tcservices.biz).

Thank you for your assistance in this matter.

Sincerely,



Linda J. Kibler

Attorney for Homeland 1 Logistics LLC

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Homeland 1 Logistics 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:

CarolAnn Dabbs

Name of Person

Homeland 1 Logistics LLC

Firm/Company

101 East Town Place Suite 120

Address

St. Augustine FL 32092

City/State and Zip Code

cdabbs@us1logistics.com

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

For further information concerning this matter, please call:

Linda Kibler

Name of Person

at ( 219 ) 474-1324

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Bruin Express Intermodal LLC

2. The Florida document number of this limited liability company is: M14000004085

3. Jurisdiction of its organization: State of Indiana

4. Date authorized to do business in Florida: 6/9/2014

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Homeland 1 Logistics LLC  
(must contain "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 contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: (No Change)

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*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 relative 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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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

(No Change)

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

(No Change)

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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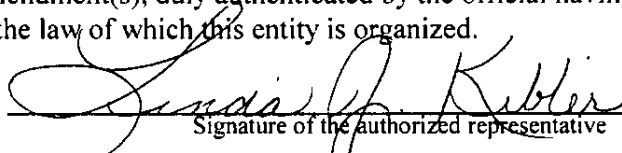
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OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
JUL 19 1996  
TALLAHASSEE, FLORIDA

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

**Linda J. Kibler**

Typed or printed name of signee

**Filing Fee: \$25.00**

State of Indiana  
Office of the Secretary of State

CERTIFICATE OF AMENDMENT

of

**BRUIN EXPRESS INTERMODAL LLC**

I, Connie Lawson, Secretary of State of Indiana, hereby certify that Articles of Amendment of the above Domestic Limited Liability Company (LLC) has been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

The name following said transaction will be:

**HOMELAND 1 LOGISTICS LLC**

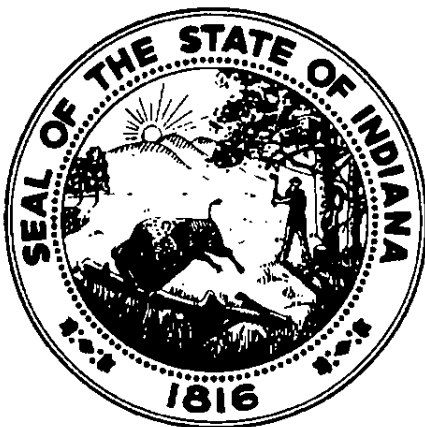
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SECRETARY OF STATE  
INDIANAPOLIS, INDIANA

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, August 14, 2015.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 14, 2015

*Connie Lawson*

CONNIE LAWSON,  
SECRETARY OF STATE



APPROVED AND FILED  
CONNIE LAWSON  
INDIANA SECRETARY OF STATE  
8/14/2015 10:13 AM

**ARTICLES OF AMENDMENT**

Formed pursuant to the provisions of the Indiana Business Flexibility Act.

**None - ENTITY NAME**

BRUIN EXPRESS INTERMODAL LLC

The name following said transaction will be:  
HOMELAND 1 LOGISTICS LLC

Creation Date: 11/15/2006

**None - PRINCIPAL OFFICE ADDRESS**

336 W US HWY 30 SUITE 201, VALPARAISO, IN 46385

**REGISTERED OFFICE AND AGENT**

CT CORPORATION SYSTEM  
150 W MARKET ST STE 800, INDIANAPOLIS, IN 46204

The Signator represents that the registered agent named in the application has consented to the appointment of registered agent.

**None - GENERAL INFORMATION**

What is the latest date upon which the entity is to Perpetual  
dissolve?:

Who will the entity be managed by?: Members

Effective Date: 8/14/2015

Electronic Signature: LINDA KIBLER

Signator's Title: ATTORNEY

**STATE OF INDIANA  
OFFICE OF THE SECRETARY OF STATE  
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

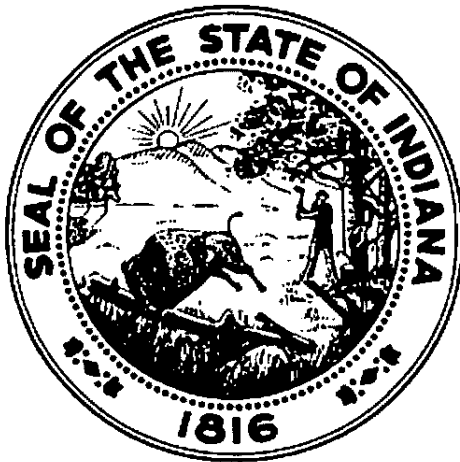
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

**HOMELAND 1 LOGISTICS LLC**

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 15, 2006, and was in existence or authorized to transact business in the State of Indiana on August 14, 2015.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fourteenth Day of August, 2015.

*Connie Lawson*

Connie Lawson, Secretary of State

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