

MI4000007552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-63120

Office Use Only



800264355398

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 OCT 15 AM 9:11

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RECEIVED
DEPARTMENT OF STATE
14 OCT 15 PM 4:24

OCT. 20 2014
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
DEPARTMENT OF STATE
14 OCT 17 AM 10:49

October 16, 2014

CSC
COURTNEY WILLIAMS

SUBJECT: LOGISTICS MANAGEMENT SOLUTIONS, L.C.
Ref. Number: W14000063120

RESUBMIT

Please give original
submission date as file date.

We have received your document for LOGISTICS MANAGEMENT SOLUTIONS, L.C. and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is .

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 014A00022192

2014 OCT 15 AM 9:11

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 338509 7990245

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : October 15, 2014

ORDER TIME : 3:01 PM

ORDER NO. : 338509-005

CUSTOMER NO: 7990245

FOREIGN FILINGS

NAME: LOGISTICS MANAGEMENT
SOLUTIONS, L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: _____

FILED
2814 OCT 15 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person

of Logistics Management Solutions, L.C.

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

Missouri

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

LMS Logistics, LLC

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability
Company, L.L.C., or LLC.)


Signature Authorized Person

10/16/2014
Date

FILED
2014 OCT 15 AM 9:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Logistics Management Solutions, L.C.
(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Missouri 3. 43-1741877
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. One CityPlace Drive, Suite 415, St. Louis, MO 63141
(Street Address of Principal Office)

6. One CityPlace Drive, Suite 415, St. Louis, MO 63141
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

See attached list.

8. 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)

Scott Hunt
Signature of an authorized person

(In accordance with section 605.0203, 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.)

Scott Hunt

Typed or printed name of signer

Logistics Management Solutions, L.C.

Managers:

Dennis Schoemehl

Scott Hunt

Matthew Schoemehl

LMS Group, Inc.

Gregory Umstead

Jeffrey Brasier

Tracy Hunt

Address of all Managers:

One CityPlace Drive, Suite 415
St. Louis, MO 63141

FILED
2014 OCT 15 AM 9:11
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Logistics Management Solutions, L.C.

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:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL

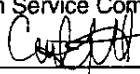
32301

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 605, Florida Statutes.

Corporation Service Company

By:



(Signature)

**Courtney Williams
Asst. Vice President**

\$ 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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2011 OCT 15 AM 9:11
TALLAHASSEE FLORIDA
CLERK OF STATE

STATE OF MISSOURI



Jason Kander
Secretary of State

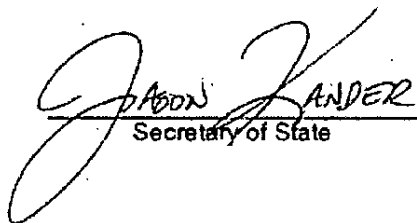
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

LOGISTICS MANAGEMENT SOLUTIONS, L.C.
LC0007005

was created under the laws of this State on the 2nd day of April, 1996, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 15th day of October, 2014.


Secretary of State



Certification Number: CERT-10152014-0069