# M1500000 1568

| (Re                       | questor's Name)   |              |
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| (Cit                      | y/State/Zip/Phone | e #)         |
| PICK-UP                   | ☐ WAIT            | MAIL         |
| (Bu                       | siness Entity Nan | ne)          |
| (Do                       | cument Number)    | <del> </del> |
| Certified Copies          | _ Certificates    | of Status    |
| Special Instructions to I | Filing Officer:   |              |
|                           |                   |              |
|                           |                   |              |
|                           |                   |              |

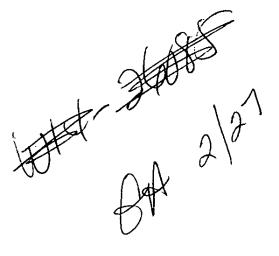
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TALL ALACESTS IN ORDER



#### **COVER LETTER**

TO: Registration Section
Division of Corporations

Railway Offloaders, LLC

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:

# Jennifer Shafer-Robinson

Name of Person

Railway Offloaders, LLC

Firm/Company

1471 Nassau Lane

Address

Marion, IL 62959

City/State and Zip Code

jennifer@railwayoffloaders.com

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

For further information concerning this matter, please call:

Jennifer Shafer-Robinson

,618

925-4045

Name of Contact Person

Area Code

Daytime Telephone Number

## **MAILING ADDRESS:**

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

## **STREET ADDRESS:**

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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2014

JENNIFER SHAFER-ROBINSON 1471 NASSAU LANE MARION, IL 62959

SUBJECT: RAILWAY OFFLOADERS, LLC

Ref. Number: W14000026085

We have received your document for RAILWAY OFFLOADERS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tammi Cline Regulatory Specialist II

Letter Number: 514A00008801



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

| (If name unavailable, enter alternate name adopted for the purpose of transacting l<br>Liability Company," "L.L.C," or "LLC.")  | Justiness in Florida. The anemale name must include                 | ie Linned      |
|---|---|----------------|
| <u> </u>  | 4488102   |                |
| (Jurisdiction under the law of which foreign limited liability company is organized)  | (FEI number, if applicable)   | 15 FE          |
| 4.  | <b>亚科</b>   | 4260           |
| (Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to de  | prior to registration.) termine penalty liability)                  | ا ت            |
| <sub>5.</sub> 1471 Nassau Lane  | #   | <b>R</b>       |
| <u> </u>  | <u>Ö</u> E  | <del>. છ</del> |
| Marion, IL 62959  | <b>一</b>  | <u> </u>       |
| (Street Address of Princip  | al Office)  |                |
| 6. 1471 Nassau Lane   |   |                |
| Marion, IL 62959  |   |                |
| (Mailing Address  |   |                |
| 7. The name, title or capacity and address of the person(s) we have of the person(s) we have on the person of the | ho has/have authority to manage is/are<br>nu Lane, Marion, IL 62959 | <u></u><br>3   |
| Mitchell Smoot 1471 Nassau Lane, M  | arion, IL 62959   |                |
| Mitchell Smoot, 1471 Nassau Lane, M   | ·   |                |
| 8. Attached is an original certificate of existence, no more tha having custody of records in the jurisdiction under the law of acceptable. If the certificate is in a foreign language, a translat must be submitted)  | which it is organized. (A photocopy is                              | s not          |

Signature of a nathrorized person
(In accordance with section 605.0203, F.S., the execution of this document condututes 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.)

authorized person

Jennifer Shafer-Robinson

Typed or printed name of signee

# 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: |
|----|-----|------|--------|---------|-----------|---------|-----|
|----|-----|------|--------|---------|-----------|---------|-----|

## Railway Offloaders, LLC

If unavailable, the alternate to be used in the state of Florida is:

## Railroad Offloaders, LLC

2. The name and the Florida street address of the registered agent and office are:

| Craig Sonner                                     | berg  |                       |         |   |
|--|-------|-----------------------|---------|---|
| (Name)   |       |                       | <u></u> |   |
| 412 Colbert Road                                 |       |                       |         |   |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) |       |                       | 27      |   |
| Pensacola  | 32507 | $\frac{n_{c}}{n_{c}}$ | P.      | Ç |
| City/State/Zip                                   |       |                       | 3: 39   |   |

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.

(Signature)

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

## File Number

0463205-2



# To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

RAILWAY OFFLOADERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 07, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1505802316

Authenticate at: http://www.cyberdriveillinois.com

# In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH

day of FEBRUARY

A.D.

2015

SECRETARY OF STATE

esse White

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