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(Re	equestor's Name)	
(Ac	ddress)	
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(Do	ocument Number)	
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K.SALY EXAMINER MAR 16

COVER LETTER

TO: Registration Section

Div	ision of Corporatio	ns				
SUBJECT:		ING & LOGISTICS LLC				
	•	Name of	Limited Liability Compar	у		
The enclosed Existence, ar	d "Application by For ad check are submitted	reign Limited Liability Com d to register the above refer	pany for Authorization to enced foreign limited liab	Transact Business in Florida," Certificate of ility company to transact business in Florida.		
Please return	all correspondence	concerning this matter to the	following:			
	JASON POLL	ARD				
		N	ame of Person			
		F	rm/Company			
	5711 24TH A\	VENUE NW SUITE 502				
		Address				
	SEATTLE, W	A 98107				
		City/S	tate and Zip Code			
	JASON.POLLA	RD@GSEDEDICATED.CO				
		E-mail address: (to be use	d for future annual report	notification)		
For further in	formation concernin	g this matter, please call:				
JAS	SON POLLARD			7-9835		
	Name o	f Contact Person	Area Code I	Daytime Telephone Number		
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 lahassee, FL 32314		Divisi Regisi Clifto 2661	iET ADDRESS: on of Corporations ration Section n Building Executive Center Circle nassee, FL 32301		
	check for the follow 125.00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee of Certified Copy	№ □ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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

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

	to		usings in Floride The olter	nate name must include "Limited
iability Company," "L.L.C,"		ipose of transacting t	usiness til Florida. The unen	title timite trass triesade initied
(Jurisdiction under the law company is organized)	V of which foreign limited liability	3. <u>47-562</u>	(FEI number, if app	plicable)
l				
; 1900 SOUTH 146TH S	(Date first transacted bi (See sections 605.0904 & STREET	asiness in Florida, if p 605.0905, F.S. to det	rior to registration.) ermine penalty liability)	2016 MAR 14 PK 2: 3
SEATAC, WA 98168				
SEATAC, WA JOIOU	(Street Addres	s of Principal Office)		
5711 24TH AVENUE	NW SUITE 502			뜻 및
SEATTLE, WA 98107				16 13
SEATTER, WA 30107		ling Address)		<u> </u>
Name and street addres	s of Florida registered agent:	· (P.O. Box NOT :	eccentable)	•
. Name and <u>spect addres</u>	JOSE SOTILLO	(1.0. Box 1101	ccepaore,	
Name:				
Office Address:	7824 NW 110 AVENUE	7824 NW 110 AVENUE		
	DORAL		, Florida 33178	
	(City	0	(Zip c	ode)
Registered agent's accep		SERVICE OF DROCESS	or the above stated and	ed mounty company at the place
o complywith the provision accept the obligations of t	tion, I hereby accept the apposition of all statutes relative to my position as registered again.	cointment as registe the proper and con ent." egistered agent's sign	nplete performance of m	y dutles, and I am familiar with a
Having been named as re- lesignated in this applica- o complywith the provision accept the obligations of the 8. The name, title or caps	tion, I hereby accept the appons of all statutes relative to my position as registered against (R	cointment as registed the proper and content." legistered agent's sign on(s) who has/have a	nplete performance of m ature) authority to manage is/are	y dutles, and I am familiar with a
Having been named as re- lesignated in this applica- o complywith the provision accept the obligations of the 8. The name, title or caps	tion, I hereby accept the apposition of all statutes relative to my position as registered again.	cointment as registed the proper and content." legistered agent's sign on(s) who has/have a	nplete performance of m ature) authority to manage is/are	y dutles, and I am familiar with a

Typed or printed name of signee

KATIUSKA POLLARD



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ASL WAREHOUSING & LOGISTICS LLC

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 8/11/2015.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: February 10, 2016

UBI: 603-532-021

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State



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