

07/17/2016 15:00 FAX 215 977-9386 M. BURR KEIM COMPANY
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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company
POWER LOGISTICS, LLC

Certificate of Status	0
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2016 JUL -1 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL -1 A 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 BUSINESS IN THE STATE OF FLORIDA:

1. POWER LOGISTICS, LLC

(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C." or "LLC.")

POWER LOGISTICS MSO, 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. Montana

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

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

5. 6097 Easton Road, Pipersville, PA 18947

(Street Address of Principal Office)

6. 6097 Easton Road, Pipersville, PA 18947

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: W. Bradley Munroe, Esquire

Office Address: 239 East Virginia Street

Tallahassee

(City)

Florida 32301

(Zip code)

Registered agent's acceptance:

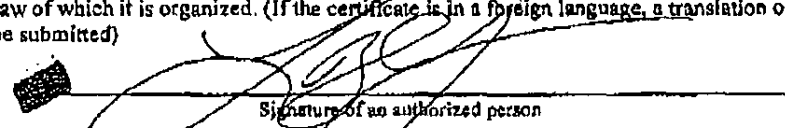
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.


 Registered Agent's Signature (REQUIRED)

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

DOCS MSO, LLC, Member 6097 Easton Road, Pipersville, PA 18947

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


 Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Lawrence B. Caplin D.M.D.

Typed or printed name of signer

 SECRETARY OF STATE
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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FILED

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SECRETARY OF STATE STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

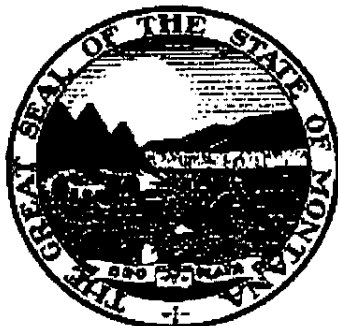
POWER LOGISTICS, LLC

duly filed its Articles of Organization in this office on 16 February 2016, and on that date was created a limited liability company.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said limited liability company and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said limited liability company and my records indicate the limited liability company is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 1 July 2016.

A handwritten signature in cursive script that reads "Linda McCulloch".

LINDA MCCULLOCH
Secretary of State

Certified File Number: C271989