

M16000008295

(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 _____

Special Instructions to Filing Officer:

2980 W16-68288

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TALLAHASSEE, FLORIDA
16 OCT -3 PM 4: 02

OCT 18 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2016

JOE HANSEN
630 BOULEVARD 2A
ELMWOOD PARK, NJ 07407

SUBJECT: 3MNH EXPRESS LIMITED LIABILITY COMPANY
Ref. Number: W16000068288

RECEIVED
2016 OCT 18 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for 3MNH EXPRESS LIMITED LIABILITY COMPANY and your check(s) totaling \$155.00. 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), Authorized Person (AP), or Authorized Representative (AR).

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 516A00021415

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16 OCT -3 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3MNH EXPRESS LIMITED LIABILITY COMPANY
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:

JOE HANSEN
Name of Person

3MNH EXPRESS LLC
Firm/Company

630 BOULEVARD 2A
Address

ELMWOOD PARK NJ 07407
City/State and Zip Code

JHANSEN@FGOLOGISTICS.COM
E-mail address: (to be used for future annual report notification)

16 OCT -3 PM 4:02
H.F.D. STATE
SECRETARY OF
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

JOE HANSEN at (973) 380 3759
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

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. 3 MNH EXPRESS LLC

(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. NEW JERSEY

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

3. 473629679

(FEI number, if applicable)

4. NOT YET

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

5. 630 BOWEYARD 2A

ELMWOOD PARK NJ 07407

(Street Address of Principal Office)

6. _____

(Mailing Address)

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

Name:

FERNANDO GARCIA

Office Address:

30122 FIVE FARMS AVENUE

WESLEY CHAPEL

(City)

, Florida

33543

(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)

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

JOE HANSEN — OWNER / PRESIDENT

FERNANDO GARCIA — GEN. MANAGER

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.

JOE HANSEN

Typed or printed name of signee

16 OCT -3 PM 4:02

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

3MNH EXPRESS LIMITED LIABILITY COMPANY

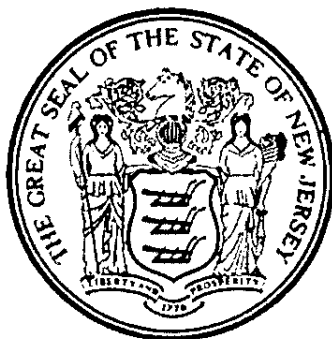
0400738173

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 06, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JOE HANSEN
630 BOULEVARD
ELMWOOD PARK, NJ 07407



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
29th day of September, 2016

Ford M. Scudder

Ford M. Scudder
State Treasurer

Certificate Number 6074587779

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp

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SECRETARY OF STATE
TALLMAN
16 OCT -3 PM 4:02

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

3MNH EXPRESS LIMITED LIABILITY COMPANY

0400738173

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey state law on 04/06/2015 and was assigned identification number 0400738173. Following are the articles that constitute its original certificate.

1. Name:

3MNH EXPRESS LIMITED LIABILITY COMPANY

2. Registered Agent:

JOE HANSEN

3. Registered Office:

630 BOULEVARD
ELMWOOD PARK, NJ 07407

4. Business Purpose:

WAREHOUSING

5. Effective Date of this Filing is:

04/06/2015

6. Members/Managers:

JOE HANSEN
630 BOULEVARD 2A
ELMWOOD PARK, NJ 07047

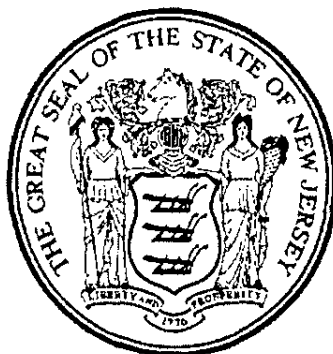
7. Main Business Address:

630 BOULEVARD
2A
ELMWOOD PARK, NJ 07047

Signatures:

JOE HANSEN

AUTHORIZED REPRESENTATIVE



Certification# 135824571

Verify this certificate at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
6th day of April, 2015

A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

Andrew P. Sidamon-Eristoff
State Treasurer

16 OCT -3 PM 1:02
STATE OF NEW JERSEY
DIVISION OF REVENUE AND ENTERPRISE SERVICES



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-06-2015

Employer Identification Number:
47-3629679

Form: SS-4

Number of this notice: CP 575 G

3MNH
JOE W HANSEN SOLE MBR
630 BOULEVARD
ELMWOOD PARK, NJ 07407

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

16 OCT -3 PM 4:00
FBI - CINCINNATI
RECEIVED

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-3629679. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is 3MNH. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

04-06-2015 3MNH O 9999999999 SS-4

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 OCT -3 PM 4:02

CP 575 G (Rev. 7-2007)

CP 575 G

9999999999999

DATE OF THIS NOTICE: 04-06-2015
EMPLOYER IDENTIFICATION NUMBER: 47-3629679
FORM: SS-4 NOBOD

3MNH
JOE W HANSEN SOLE MBR
630 BOULEVARD
ELMWOOD PARK, NJ 07407