# M14000010426

(Re	equestor's Name)	
(Ac	ldress)	
//	L(X	·
(AC	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
<u> </u>		
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE: 440889 8070396

**AUTHORIZATION**;

COST LIMIT : \$ 125:00

ORDER DATE: December 28, 2016

ORDER TIME: 8:19 AM

ORDER NO.: 440889-005

CUSTOMER NO: 8070396

**FOREIGN FILINGS** 

NAME: STRIVE LOGISTICS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62935

EXAMINER:

#### COVER LETTER

	Registration Section Division of Corporation	ns					
SUBJE <i>C</i> 1	Strive Logistics, LL	.c					
SOBORC	··	Name of Limited Liability Company					
		reign Limited Liability Comp ed to register the above refere					
Please retu	urn all correspondence o	concerning this matter to the	following:				
	Shawn Merker						
		Ni	ame of Person	<u> </u>			
	Strive Logistic	s, LLC					
	. Firm/Company						
	3008 N Lincol	n Ave					
	Address						
	Chicago, IL 60	Chicago, IL 60657-4208					
	<del></del>	City/Si	tate and Zip Code				
	smerker@strivel	logistics.com					
		E-mail address: (to be used	for future annual	report not	ification)		
For furthe	r information concerning	g this matter, please call:					
9	Shawn Merker		773 at (	524-36	15		
=	Name o	of Contact Person	Area Code	Day	time 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					
	is a check for the follow ☐ \$125.00 Filing Fee	ving amount:  \$\square\$\square\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, C of Status & Certified Co		

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

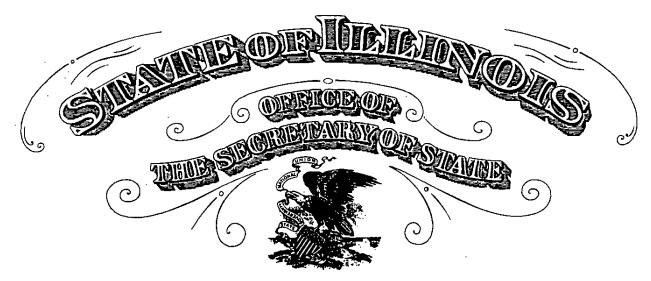
IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Strive Logistics, LLC	ign Limited Liability Company; must include "	Limited Lighility Company." "L.L.C.," or "L	LC.")
(Nume of Fore	igh chilica charmy company, must include	Daniel Discour, Company, Diplot of S	20. ,
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transac or "LLC.")	ting business in Florida. The alternate name	must include "Limited
2. Illinois	3	(FEI number, if applicable)	····
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4	(Date first transacted business in Florid	a, if prior to registration.)	
2000 NH incoln Ave	(See sections 605.0904 & 605.0905, F.S.	to determine penalty liability)	
5. 3008 N Lincoln Ave			
Chicago, IL 60657-420		00.	6
3008 N Lincoln Ave	(Street Address of Principal Of	nice)	
6. 3008 14 Ellicolli Ave			
Chicago, IL 60657-420			
	(Mailing Address)		
7. Name and street addres	$\underline{s}$ of Florida registered agent: (P.O. Box $\underline{N}$	IOT acceptable)	<b>9</b>
Name:	Corporation Service Company		<b>3</b>
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	
	(City)	(Zip code)	
designated in this applica to complywith the provision	gistered agent and to accept service of protion, I hereby accept the appointment as roons of all statutes relative to the proper an my position as registered agent.  Corporation Service Company  By:  (Registered agent)	egistered agent and agree to act in this d complete performance of my duties, of Court  Asst.	capacity. I further agree
8. The name, title or capa	icity and address of the person(s) who has/l	have authority to manage is/are:	
Shawn Merker 3008 N L	incoln Ave, Chicago, IL 60657-4208		
(MANAGER)			
	of existence, no more than 90 days old, du of which it is organized. (If the certificate is abmitted)	s in a foreign language, a translation of t	
	Signature of an authorized	orized person	
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (I the Department of State constitutes a third	b), Florida Statutes. I am aware that any i I degree felony as provided for in s.817.1	false information 55, F.S.
	Shawn Merker		

Typed or printed name of signce

#### File Number

0002289-6



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

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

STRIVE LOGISTICS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 23, 1995, 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.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of DECEMBER A.D. 2016.

Authentication #: 1636302214 verifiable until 12/28/2017
Authenticate at; http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE