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(Re	equestor's Name)				
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SUBJECT:	aloga	L LOGISTICS	Suppon	T, L	LC		
		Name of I	Limited Liability (Company		-	
		eign Limited Liability Comp I to register the above refero	oany for Authoriza	tion to Tra			
Please return all	l correspondence c	oncerning this matter to the	following:				
		PICHALD N	ABERCAON	MBIE			
		Na	ame of Person			-	
		GLOBAL LOGI	S 2Jirz	uppor	vi, LLC		
		Fi	rm/Company			-	
		1990 MAIN	ST, su	ITE -	75D	_	
			Address				
		SARASOTA,	FL 3	4230			
		City/S	tate and Zip Code		,	-	
E-mail address: (to be used for future annual report notification)							
D., 6			rich ratare annual	report fion	incation,		
ror turmer into	rmation concerning	g this matter, please call:					
_ P	ICHARD AK	BERCEOMALE f Contact Person	_at (813	, 33	4 7502	_	
	Name o	f Contact Person	Area Code	Day	time Telephone Number		
Divisio Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division of Registrati Clifton Be 2661 Exe	ADDRESS: of Corporations on Section milding cutive Center Circle ee, FL 32301		
	neck for the follow 5.00 Filing Fec	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Cof Status & Certified Co		

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

	TON 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMIA SINESS IN THE STATE OF FLORIDA:	TED LIABILITY
(Name of Foreig	Ign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
		 .
(If name unavailable, enter alte Liability Company," "L.L.C."	emate name adopted for the purpose of transacting business in Florida. The alternate name must include or "LLC")	*Limited
(Jurisdiction under the law o	ELAWAKE 3. (FEI number, if applicable)	
company is organized)	UPON QUALIFICATION	
4. <u> </u>	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	
F	(See sections 603,0904 & 603,0903. 1.3. to determine penarty monthly)	
5	14444	
190	MAIN CT, SUITE 750, SAMSOVA, FL 34230 (Street Address of Principal Office)	0
	(Street Address of Timerpar Office)	
6		可弱心
	(Mailing Address)	
		- O
7. Name and street address	s of Florida registered agent: (P.O. Box NOT acceptable)	ميند. منت
Name:	JOSEPH CASINCO	مين مسر
Office Address:	JOSEPH CASTILLO ZOOSI OAKFLOWER AUE TAMPA (City) (Zip code)	Ç13
	TAMPA, Florida 33647	
	(City) (Zip code)	
designated in this applicate to complywith the provisio	gistered agent and to accept service of process for the above stated limited liability company of tion, I hereby accept the appointment as registered agent and agree to act in this capacity. I jons of all statutes relative to the proper and complete performance of my duties, and I am farmy position as registered agent.	further agree
	(Registered agent's signature)	
8. The name, title or capac	acity and address of the person(s) who has/have authority to manage is/are:	
Stephan C	assidy Vrogram Manager	
Timothy)	Jones Dopute, Program Manager	
Richard A	Abercrombre, Office Manager	
jurisdiction under the law of the translator must be su	Signature of an authorized person	e under oath
	I in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false informa the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ation
	CHRISTOPHER S. HEINRICH	

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GLOBAL LOGISTICS SUPPORT, LLC." IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202167924

Date: 03-09-17