Division of Corporations

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Division of Corporations

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Account Number : 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

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Foreign Limited Liability Company LOGISTICS WIZARDS LLC

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O SIMMONS

JUN 1 5 2017

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

IN COMPLIANCE WITH SECTION (05/00) FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED HARBURY

LOGISTICS WIZARD	S LLC		
(Name of Fore	rign Limited Liability Company: must include "	Limited Elability Company," "Ed.,C.," or "Ed.C.")	
"name unavailable, enter al		ting business in Florida. The alternate name must include "Limited	ĺ
DELAWARE	3 N/	A	
(Jurisdiction under the law	of which foreign limited liability	(FEI number, if applicable)	
company is organized) N/A		<u> </u>	, -
1773	(Date first transacted business in Floric	ra, if prior to registration.)	=
	(See sections 605,0904 & 605,0905, F.S.	to determine penalty liability)	Z
15969 NW 64 AVE, #.	303, MIAMI LAKES, FL 33014		F
		COL	7
	(Street Address of Principal O	ffice) %	7
15969 NW 64 AVE, #3	03, MIAMI LAKES, FL 33014	3	
		(FEI number, if applicable) la, if prior to registration.) to determine penalty liability)	Q.
	(Mailing Address)		Tr
	· ·	,	
Name and street address	is of Florida registered agent: (P.O. Box.)	•	
Name:	NOICTHWEST REGISTERED AGENT	LLC	
Office Address:	3030 N. ROCKY POINT DR, STE 150A		
Willes Hadress.	TAMPA	33607	
	(City)	, Florida 33607 (Zip code)	
egistered agent's accep	• •	(***)	
esignated in this applica complywith the provisi	tion, I hereby accept the appointment as r	wess for the above stated limited liability company at the plegistered agent and agree to act in this capacity. I further decomplete performance of my duties, and I am familiar w	agree
		on Glove	
	(Registered agent)	s signature)	
3. The name, title or caps	eity and address of the person(s) who has/	have authority to manage is/are;	
LEYIBETH MARTINE	Z, MEMBER, 15969 NW 64 AVE, #303, 1	MIAMI LAKES, FL 33014	
. Attached is a certificate	of existence, no more than 90 days old, du	ly authenticated by the official having custody of records in a	he
irisdiction under the law	of which it is organized. (If the certificate i	s in a foreign language, a translation of the certificate under	
f the translator must be s	ibmitted)	O.,.*	
	Marga		
	Signature of an auth-	orized person	
	the Department of State constitutes a third	b), Florida Statutes. I am aware that any false information degree felony as provided for in s.817.155, F.S.	
	MORGAN NOBLE		
	Typed or printed name	2* *	

<u>Delaware</u>

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "LOGISTICS WIZARDS 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 FOURTEENTH DAY OF JUNE, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOGISTICS"
WIZARDS LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2017.

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

ese .

6398265 8300

SR# 20174743560

You may verify this certificate poline at corp.delaware.gov/authver.shtml

Justiney W. Blufflocks, Succeptory of Sharier

Authentication: 202705705

Date: 06-14-17