M17000005757

(Requestor's Name)						
(Address)						
(Address)						
(133.555)						
(Cit. (Chata Cit. (Dhana 4)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Bocument Number)						
0.15.10.1						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
}						
<u></u>						

Office Use Only



800301120178

07/97/17--01006--003 **500.00

TO JUL -7 AM IN IN

JUL JO MIT RIES



CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN							
·		PICK UP:	7-7-17				
		CERTIFIED COPY					
	ix	-					
		РНОТОСОРУ					
		CUS	· · · · · · · · · · · · · · · · · · ·				
	净	FILING	Foreign				
1.	_	FILING XPO LOGISTICS CO (CORPORATE NAME AND DOCUMENT #	ertage, UC				
2.	_	(CORPORATE NAME AND DOCUMENT #					
3.	_						
4.		(CORPORATE NAME AND DOCUMENT #					
4.	-	(CORPORATE NAME AND DOCUMENT #					
5.	_	(CORPORATE NAME AND DOCUMENT #					
6.	-	(CORPORATE NAME AND DOCUMENT #					
	CIAI FRU(CTIONS:	•				

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	XPO Logistics Cart	age, LLC						
SODJEC1.		Name of	Limited Liability Company					
The enclosed Existence, an	"Application by Ford check are submitted	eign Limited Liability Comp d to register the above refer	pany for Authorization to Transced foreign limited liability	ansact Business in Florida," Certificate of y company to transact business in Florida				
Please return	all correspondence	oncerning this matter to the	following:					
	<u></u>	dice ()	allins					
Name of Person								
Kegisterical Agent Solutions, Inc.								
) Firm/Company								
	1901 Directors Plvd He Ru							
	Δ	. 7	Address					
		istin IX	76744					
City/State and Zip Code								
		E-mail address: (to be used	for future annual report not	ification)				
For further in	formation concernin	g this matter, please call:						
	Name o	Contact Person	at (LW) 70.	5 - 7274 time Telephone Number				
Divi: Regi P.O.	ILING ADDRESS: sion of Corporations stration Section Box 6327 thassee, FL 32314		STREET Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section				
	check for the follow 25.00 Filing Fee	ing amount: \$\Boxed{\text{S}}\$ \$130.00 \text{ 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: XPO Logistics Cartage, 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.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 13777 Ballantyne Corporate Place, Suite 400, Charlotte, NC 28277 (Street Address of Principal Office) 1717 NW 21st Avenue, Portland, OR 97209 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr., Suite A Office Address: Tallahassee Florida (City) 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 complywith 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 egistered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: See attached. 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.

Riina Tohvert, Secretary

XPO Logistics Cartage, LLC

Managers and Officers

Managers Troy A. Cooper

Scott B. Malat

Officers Paul V. Smith President

Ravi Tulsyan Senior Vice President and Treasurer

Robert Cerutti Vice President - Global Risk Management

John J. Hardig Vice President and Assistant Treasurer

Don Ingersoll Vice President, Transportation

Brenda Shepherd Controller Riina Tohvert Secretary

Lanny Gower Assistant Secretary
Kim A. Pearson Assistant Secretary

SECRETARY OF STATE

Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "XPO LOGISTICS CARTAGE, 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 SIXTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XPO LOGISTICS CARTAGE, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MARCH, A.D. 1998.

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

Authentication: 202834481

Date: 07-06-17