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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CCRPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

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

Email Address:

Foreign Limited Liability Company Logiztik Alliance Group LLC

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Logiztik Alliance Gro	up LLC		
(Name of Foreig	n Limited Linbility Company; must include Limite	ed Liability Company," "L.L.C.," or "LLC.	()
(If came mayailable, enter planne's	Patter adversed for the		
2 Delaware	name adapted for the purpose of Iransacting business in Flo	orkin. The alternate name must include "Comited L	inbility Company," "L.I., C." or "LLC.")
	which foreign limited hability company is organized)	3,	mber, if applicable)
A		(४ ६३ मध	noer, it applicable)
4	(Date first transacted huminess in Floresta of these to		
	(Date first transacted humaness in Florida, if prior in (See sections 605,0904 & 505,0905, P.S. to determine	ine penalty liability)	
5. 1800 NW 89th PI (Street Address of	Crincipal Office)	6. 1800 NW 89th PI	
<u> </u>	,	(Mailing Ad	निक्
Dorai, FL 33172		Doral, FL 33172	
		DOIAG, P.L. 33172	
7. Name and street addres	sg of Florida registered agent: (P.O. Box	NOT seems to be a	2217
		NOT acceptable)	
Name:	Corporate Creations Network Inc.		
Office Address:	11380 Prosperity Farms Road #221E		\frac{1}{2} \frac{1}{2} \frac{1}{2}
	Paim Beach Gardens		SET O
	(City)	19 Florida 33410 (Zip cod	
egistered agent's accep	tance:		
And the same of the same with the same	gistered agent and to accept service of pi tion, I hereby accept the appointment as ons of all statutes relative to the proper to	"PPDISIPPER ROPHE AND ARROW IN ARE	the state and a second section of the second
-	of my position as registered agent. (Reginered agent's m	aman ne)	
The room title as as	Savannah Montaiban, Atti	Orney-in-Fact	
Title or Capacity:	city and address of the person(s) who has Name and Address:	Title or Capacity:	Name and Address:
Manager	Kathleen Hug		
	1800 NW 89th PI		
	Doral, FL 33172		
Manager	David de Haas		
	1800 NW 89th Pl		_
	Doral, Fl 33172		
Jse attachments if necess:	ary)		· -
Attached is a newitions.	والمحادث والمحادث		
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the translator must be sult. This document is executed.	ted in accordance with section 605.0203 (the Department of State constitutes a third	I) (b). Florida: Statutes, I am aware degree felony as provided for in s.	on of the certificate under oat
the translator must be sult. This document is executed.	ted in accordance with section 605.0203 (the Department of State constitutes a third	is in a foreign language, a translatio	on of the certificate under oat

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "LOGIZTIK ALLIANCE GROUP 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 TWENTIETH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOGIZTIK"

ALLIANCE GROUP LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D.

2017.

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

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6484291 8300 \$R# 20175328128

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J Authentication: 202917941

Date: 07-20-17

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