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To:

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Fax Number : (850)617-6383

From:

Account Name : THE SKEEN LAW GROUP, P.A.

Account Number : 120160000054 : (954)300-1529

Fax Number : (954)374-9841

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	TEJ LOGISTICS LLC
JUDGE	Name of Limited Liability Company
The end Existen	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please	turn all correspondence concerning this matter to the following:
	Richard L. Skeen, Esquire
	Name of Person
	The Skeen Law Group, P.A.
	Firm/Company
	2450 Hollywood Blvd., Suite 105
	Address
	Hollywood, FL 33020
	City/State and Zip Code
	Legalassistant@skeenlawoffice.com
	E-mail address: (to be used for future annual report notification)
For fu	her information concerning this matter, please call:
	Richard L. Skeen 954 300-1529
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclo	ed is a check for the following amount: \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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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:

	an Limited Liability Company; must include the	mited Liability Company," "L L.C.," or	r "DUC.")
			<u></u>
name unavailable, enter alte	ernate name adopted for the purpose of transaction	ng business in Florida. The alternate na	me must include "Limited
bility Company," "L.L.C,"	2	0-5308233	
Yew York	3. <u></u>	(FEI number, if applicable	
company is organized)	f which foreign limited liability	(1.2.11.2.11.11.11.11.11.11.11.11.11.11.1	,
August	10, 2017 (Date first transacted business in Florida,	if prior to registration.)	
	(See sections 605.0904 & 605.0905, F.S. to	determine penalty liability)	
10001 West Oakland Pa	ark Blvd. # 302		_
Sunrise, FL			— = <u>~</u>
	(Street Address of Principal Off	ice)	
10001 West Oaklar	id Park Blvd. # 302	- H1	
		•	- III. 👸 🗪
Sunrise, F			
	(Mailing Address)		
Name and street address	s of Florida registered agent: (P.O. Box) No.	<u>Tacceptable)</u>	
Name:	The Skeen Law Group, P.A.		7 - 7
Office Address:	2450 Hollywood Blvd., Suite 105		
	Hollywood	, Florida 33020	
	(City)	(Zip code)	
. ~ .		cess for the above stated limited lie	ability company at the plac
faving been named as reesignated in this applicate to comply with the provision coupt the obligations of the name, title or cap	tance: Ingistered agent and to accept service of pro- tion, I hereby accept the appointment as re- ons of all statutes relative to the proper and my position as registered agent. (Registered agent's acity and address of the person(s) who has/h	gistered agent and agree to act the discomplete performance of my dut signature)	the cupacity. The best we
faving been named as reesignated in this applicate of complywith the provision of the obligations of the name, title or cap	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- ons of all statutes relative to the proper and my position as registered agent. (Registered agent)	gistered agent and agree to act the discomplete performance of my dut signature)	the cupacity. The best we
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faving been named as reesignated in this applicate to comply with the provision coupt the obligations of the name, title or cap	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- ons of all statutes relative to the proper and my position as registered agent. (Registered agent)	gistered agent and agree to act the discomplete performance of my dut signature)	the cupacity. The best we
esignated in this applica o complywith the provisi ecept the obligations of	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- ons of all statutes relative to the proper and my position as registered agent. (Registered agent)	gistered agent and agree to act the discomplete performance of my dut signature)	the cupacity. The best we
faving been named as reesignated in this applicate complywith the provision coupt the obligations of the obligations of the name, title or cap froy Joseph, Manager	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as redistened agent. (Registered agent's acity and address of the person(s) who has/li e of existence, no more than 90 days old, du of which it is organized. (If the ceftificate i	gistered agent and agree to act the discomplete performance of my dut is signature) have authority to manage is/are:	ing custody of records in the
faving been named as re- esignated in this applica- complywith the provisi- ccept the obligations of The name, title or cap Froy Joseph, Manager Attached is a certificate urisdiction under the law	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as redistened agent. (Registered agent's acity and address of the person(s) who has/li e of existence, no more than 90 days old, du of which it is organized. (If the ceftificate i	s signature) tave authority to manage is/are: ly authenticated by the official havis in a foreign language, a translatio	ing custody of records in the
faving been named as reesignated in this applicate complywith the provision ecept the obligations of the name, title or cap froy Joseph, Manager Attached is a certificate urisdiction under the law of the translator must be seen to the seen the s	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent. (Registered agent's acity and address of the person(s) who has/h e of existence, no more than 90 days old, du of which it is organized. (If the certificate is submitted) Signature of an auth	s signature) tave authority to manage is/are: ly authenticated by the official havis in a foreign language, a translation orized person.	ing custody of records in the n of the certificate under o
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State of New York Department of State } ss:

I hereby certify, that TEJ LOGISTICS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/01/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



remainant []

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 27th day of July two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State

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