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COVER LETTER

Division of Corporation	s	<i>(</i> 2	
SUBJECT: Lens	deton &	osistic	o LLC.
	Name of L	imited liability Com	npany.
The enclosed "Application by Fore Existence, and check are submitted	rign Limited Liability Compa I to register the above referer	any for Authorization need foreign limited l	to Transact Business in Florida," Certificate of liability company to transact business in Florida
Please return all correspondence c	oncerning this matter to the 1	ollowing:	
Fan	male Len	detor	
	Na	me of Person	•
	nolleton ?	Logistic	LLC.
	Fir	m/Company	
1802	alapara	Frial	
0.1	0	Address	
Urlan		2826	
~	City/St	ate and Zip Code	
Kay	mei Poyi E-mail address: (10 be ujed	ahoo-con	<u></u>
J		i for future annual rep	port nouncation)
For further information concernin	g this matter, please call:		
Kaymale Name o	Lindleton f Contact Person	at (<u>732</u>) Area Code	962-0002 Daytime Telephone Number
MAILING ADDRESS:			TREET ADDRESS:
Division of Corporations Registration Section			vivision of Corporations legistration Section
P.O. Box 6327			Titton Building 661 Executive Center Circle
Tallahassee, FL 32314			allahassee, FL 32301
Enclosed is a check for the follow		\$155,00 Filing I	Fee & \$\Bigcap\$ \$160.00 Filing Fee, Certificate
□ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	Certified Copy	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 F COMPANY TO TRANSACT BUSDAYS'S IN THE STATE OF FLORIDA:	FOREIGN TIMITTED HABILITY
1	······································
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate nam Liability Company, "A.L.C." or "Ll.C.")	e must include "Limited
2. (Jurisdiction under the dw of which in eign limited liability (FEI number, if applicable)	7
2/26/19	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
1802 Celapaya Trail (Street Address of Principal Office)	
6. Colando FL 32826	
(Mailing Address)	ALLEN TE
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	ESSE ESSE
Name: Knymall Kendleton	E PER CO
Office Address: 1802 Clapayer trail (City) (City) (Zin code)	ORDE A
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabil designated in this application. I hereby accept the appointment as registered agent and agree to act in the	is capacity. I further agree
to complywith the provisions of all statutes relative to the proper and complete performance of my duties accept the obligations of my position as registered agent.	i, and I am familiar with and
(Registered agent's signature)	-
8 The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	የ ፲ <i>፪</i> ፲ሬ
MARY BETH PENDLETON 1802 alagana Trail and FL	32826
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted)	custody of records in the fihe certificate under oath
Signature of an authorized person	_
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that an submitted in a document to the Department of State constitutes a third degree felony as provided for in s.813	y false information 7.155, F.S.
Typed or printed name of signee	_

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

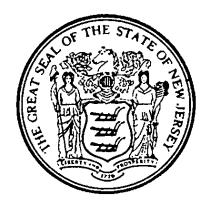
PENDLETON LOGISTICS, LLC 0600388910

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 16, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

RAY PENDLETON 1929 MILTON AVE. NEPTUNE. NJ 07753



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 24th day of January, 2018

de & Mun

Elizabeth Maher Muoio Acting State Treasurer

Certificate Number: 6085565122

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp