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May 9, 2018

DENIS VALDES 425 LANSDOWNE AVE FORT WORTH, TX 76135-1483

SUBJECT: D VALDES LOGISTICS LLC

Ref. Number: W18000043186

We have received your document for D VALDES LOGISTICS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 018A00009585

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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CEPARTMENT OF ST. AVISION OF CORPORT TALLAHASSET, 117

COVER LETTER

TO:

Registration Section

Div	ision of Corporation	18					
SUBJECT:	D VALDES LOGIS	TICS LLC					
000011011		Name of	Limited Liability (Company			
The enclosed Existence, ar	l "Application by For nd check are submitte	eign Limited Liability Comp d to register the above refer	oany for Authoriza enced foreign limit	tion to Tra ed liability	insact Business in Flori company to transact b	ida," Certi ousiness ir	ificate of 1 Florida.
Please return	all correspondence of	concerning this matter to the	following:				
	DENIS VALD	ES					
		N	ame of Person	· -			
	D VALDES I	OGISTICS LLC.					
	Firm/Company						
	425 LANSDO	WNE AVE					
	Address						
	FORT WORTH	н, тх 76135-1483				غ	
		City/S	tate and Zip Code			—- <u>-</u> :	ě
	PSICODENISU	NO@GMAIL.COM					• 1
	· · · · · · · · · · · · · · · · · · ·	E-mail address: (to be use	d for future annual	report not	ification)		
For further in	nformation concernin	g this matter, please call:				مشر	- <u>1</u> j
DE	NIS VALDES		813	5	20-8130	_; ₹ ₹ð	. •
	Name o	of Contact Person	Area Code	Day	time Telephone Numb	er	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	a check for the follow \$125.00 Filing Fee	ring amount: ■ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fe of Status & Certified		rate

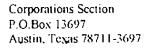
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

anie unavaliable, enter allemate n	arne adopted for the purpose of transacting business	in Florida The alternate	name must include "Limited Lia	bility Company," "L. L. C," or	"LLC."
TEXAS	, , , ,	3.	82-2141938		
	hich foreign limited liability company is organized)	_ 3	(FET num)	er, if applicable)	
1/1/2018					
	(Date first transacted business in Florida, if pr (See sections 605,0904 & 605 0905, F.S. to d	nor to registration.) letermine penalty liability	1		
7029 CONCORD DR		6. <u>7029</u>	CONCORD DR APT		
(Street Address of TAMPA, FL 33614	Principal Office)	TAN	(Mailing Add 1PA, FL 33614	ress)	
TAMI A, 1 L 33014			11 11,1 12 33011		
	ss of Florida registered agent: (P.O. DENIS VALDES	Box NOT accep	able)		
Name:			_	3	
Office Address:	7029 CONCORD DR APT#A25		_	•	
	TAMPA		Florida <u>33614</u>		• :
	(City)		(Zíp coc	le)	
	/ X/ \ /				
	(Registered a	gent's signature)		··-	
The name title or can		-	riny to manage is/are:		
The name, title or cap. <u>Title or Capacity:</u>	(Registered and active and address of the person(s) when Name and Address:	no has/have autho	rity to manage is/are: Capacity:	Name and Addr	ess:
=	acity and address of the person(s) wh	no has/have autho		Name and Addr	ess:
Title or Capacity:	acity and address of the person(s) wh Name and Address:	no has/have autho <u>Title or</u>		Name and Addr	<u>ess:</u>
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Title or Capacity:	acity and address of the person(s) when Name and Address: DENIS VALDES 7029 CONCORD DR AF	no has/have autho <u>Title or</u>		Name and Addr	ess:
Title or Capacity: OWNER	DENIS VALDES 7029 CONCORD DR AF TAMPA, FL 33614	no has/have autho <u>Title or</u>		Name and Addr	ess:
Title or Capacity: OWNER See attachments if neces	DENIS VALDES 7029 CONCORD DR AF TAMPA, FL 33614	Title of	Capacity:		
Title or Capacity: OWNER Jse attachments if neces Attached is a certificate is diction under the law	DENIS VALDES 7029 CONCORD DR AF TAMPA, FL 33614 ssary) of existence, no more than 90 days of which it is organized. (If the certi	old, duly authenti	cated by the official ha	aving custody of reco	ords in
Title or Capacity: OWNER Jes attachments if neces Attached is a certificate is diction under the law the translator must be s This document is executed.	DENIS VALDES 7029 CONCORD DR AF TAMPA, FL 33614 ssary) of existence, no more than 90 days of which it is organized. (If the certi	old, duly authentificate is in a forci	cated by the official hagn language, a translated	aving custody of reco	ords in
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Title or Capacity: OWNER Use attachments if neces Attached is a certificate risdiction under the law the translator must be so. This document is executed the company of	DENIS VALDES TAMPA, FL 33614 ssary) r of existence, no more than 90 days of which it is organized. (If the certiubmitted) cuted in accordance with section 605, the Department of State constitutes	old, duly authentificate is in a forcial third degree fel	cated by the official hagn language, a translated did Statutes. I am away ony as provided for in	aving custody of reco	ords in

Typed or printed name of signee

Rolando B. Pablos Secretary of State





Office of the Secretary of State

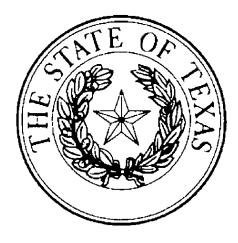
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for D VALDES LOGISTICS LLC (file number 802765478), a Domestic Limited Liability Company (LLC), was filed in this office on July 12, 2017.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: July 13, 2017

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 06, 2018.





Rolando B. Pablos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/
Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
Prepared by: SOS-WEB TID: 10264 Document: 817428590003