

M19000001484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

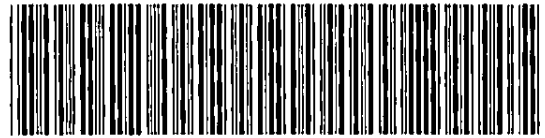
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALL RIVER, MA

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19 FEB 11 AM 10:44
FALL RIVER, MA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 626047 5047540
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : February 8, 2019
ORDER TIME : 10:29 AM
ORDER NO. : 626047-005
CUSTOMER NO: 5047540

FILED
2019 FEB 11 A 5:02
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: INGRAM MICRO TRANSPORTATION
MANAGEMENT SERVICES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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:

1. Ingram Micro Transportation Management Services 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.")

2. Indiana 3. 90-0634165
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 8, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 501 Airtech Parkway 6. 501 Airtech Parkway
(Street Address of Principal Office) (Mailing Address)
Plainfield, IN 46168 Plainfield, IN 46168

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

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 comply with 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.

Roxanne Turner
(Registered agent's signature) Roxanne Turner
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

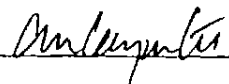
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Brightpoint, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Glen Sutton</u>
<input checked="" type="checkbox"/> Member	Address: <u>501 Airtech Parkway</u>	<input type="checkbox"/> Member	Address: <u>501 Airtech Parkway</u>
<input type="checkbox"/> Authorized	<u>Plainfield, IN 46168</u>	<input type="checkbox"/> Authorized	<u>Plainfield, IN 46168</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Craig M. Carpenter</u>	<input type="checkbox"/> Manager	Name: <u>John Crismon Paffrath</u>
<input type="checkbox"/> Member	Address: <u>501 Airtech Parkway</u>	<input type="checkbox"/> Member	Address: <u>3351 Michelson Drive, Ste 100</u>
<input type="checkbox"/> Authorized	<u>Plainfield, IN 46168</u>	<input type="checkbox"/> Authorized	<u>Irvine, CA 92612</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Director, Safety &</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.


Signature of an authorized person

Craig M. Carpenter

Typed or printed name of signer

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

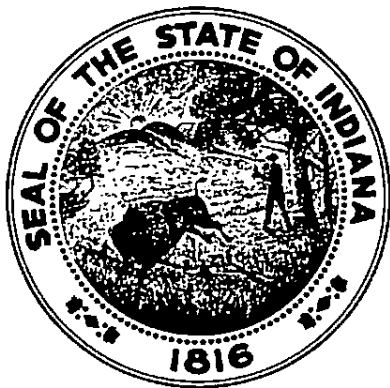
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

INGRAM MICRO TRANSPORTATION MANAGEMENT SERVICES LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 17, 2010, and was in existence or authorized to transact business in the State of Indiana on February 08, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 08, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2010111700601 / 2019878576

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on March 10, 2019.