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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

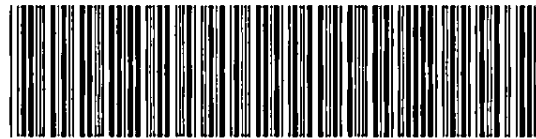
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✓



Robert A. Dobson, Jr.
1910-1981

Richard A. Jones, Jr.
Certified Tax Specialist

David W. Ball

Virginia M. Phillips¹
Certified Estate Planning
and Probate Specialist

Michael B. Bridges²
Certified Estate Planning
and Probate Specialist

Adam G. Lee

¹ Also admitted in GA

² Also admitted in SC and FL

July 17, 2019

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Application by Foreign LLC Company for Authorization to Transact Business in
Florida

To Whom It May Concern:

Enclosed please find the following documentation for filing:

1. Cover Letter;
2. Application;
3. Certificate of Existence; and
4. Check in the amount of \$125.00

Please let us know if you have any questions or concerns.

Very truly yours,

DOBSON JONES, BALL, PHILLIPS & BRIDGES, P.A.
ATTORNEYS AT LAW

Sandy L. Sewell
Paralegal to Virginia M. Phillips
/sls

Enclosure

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EM6 Logistics LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Virginia M. Phillips

Name of Person

Dobson, Jones, Ball, Phillips & Bridges, P.A.

Firm/Company

1306 S. Church Street

Address

Greenville SC 29605

City/State and Zip Code

scott.gardner@em6logistics.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virginia M. Phillips

864

271-8171

Name of Contact Person

at (_____) _____
Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy



\$160.00 Filing Fee, Certificate
of Status & Certified Copy

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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:

1. EM6 Logistics 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. South Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2919536
(FEI number, if applicable)

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

5. 265 Clyde Morris Blvd, Suite 100
(Street Address of Principal Office)

6. 2435 E. North Street
(Mailing Address)

Ormond Beach FL 32174

Suite 1108-116

Greenville SC 29615

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

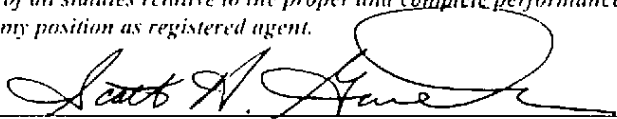
Name: Scott Gardner

Office Address: 265 Clyde Morris Blvd Suite 100

Ormond Beach 32174
_____, Florida _____
(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.


(Registered agent's signature)

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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]:

Title or Capacity: Name and Address:

☐ Manager Name: Suresh Sainance

☒ Member Address: 2435 E. North Street

☐ Authorized Suite 1108-116

Greenville SC 29615

Person

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

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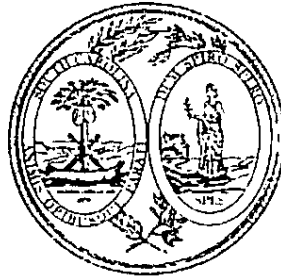
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Wing M. Phillips
Signature of an authorized person
Wing M. Phillips

The State of South Carolina



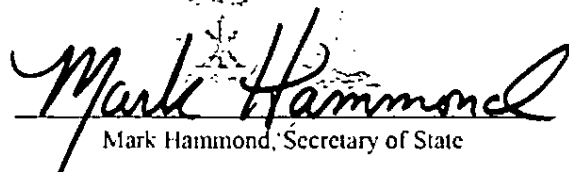
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby **Certify** that:

EM6 Logistics LLC, a limited liability company duly organized under the laws of the State of South Carolina on October 1st, 2017, with a duration that is until December 31st, 2067, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. 33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 11th day
of July, 2019.


Mark Hammond, Secretary of State

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