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### **COVER LETTER**

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**4**, \*

TO:

Registration Section
Division of Corporations

SUBJECT: _		TYPED ITEM   ne of Limited Liability (	Сотрапу	<del></del>	
	Application by Foreign Limited Liability check are submitted to register the above				
Please return al	l correspondence concerning this matter t	to the following:			
	Jamie Brown				
		Name of Person		<u> </u>	
	US Expedited LLC			ZOIS AUG	
	PO Box 63	Firm/Company		29	
	Tavernier FL 33070	Address		PH 4: 40	Ö
	jbrown@usexpedited.com	City/State and Zip Code			
For further info	rmation concerning this matter, please cal	ll;			
Jamie	Brown	816 at (	9454455		
	Name of Contact Person	Area Code	Daytime Telepho	one Number	
Division Regist P.O. B	ANG ADDRESS: on of Corporations ration Section Box 6327 assee, FL 32314		STREET ADDRESS Division of Corporation Registration Section Clifton Building 2661 Executive Cente Tallahassee, FL 32301	r Circle	
Please	sed is a check for the following amount: make check payable to: FLORIDA DEP 25.00 Filing Fee \$130.00 Filing Certificate of	Fee & <b>S</b> \$155.00	Filing Fee & S	160.00 Filing Fee Status & Certifi	

## 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:

	Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or	r "LLC.")		
US EXPEDITED FL LLC					
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida. The alternate name must include "L	umited Liability Company." "L.L.	C," or "LLC."	
OKLAHOMA 2.		81-1814110 3.			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI number, if applicable)		
8-5-2019 4.			2019 AUG	····i i	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) sine penalty liability)	D (C) (C)		
91220 Overseas Hwy		PO Box 63	29 PI		
(Street Address of I	rincipal Office)	(M	ailing Address).	<u>;                                    </u>	
#63		Tavernier FL 33070	4: 40 STATE JORIDA		
Tavernier FL 33070					
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)			
Name:	Jamie Brown				
Office Address:	91220 Overseas Hwy #63				
	Tavernier FL	330	070		
		, Florida	(Zip code)		

Registered agent's acceptance:

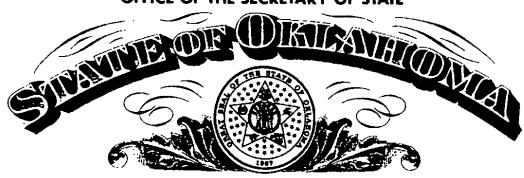
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 open.



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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Jamie Brown Manager Manager Name: 91220 Overseas Hey Address: Member ☐ Member #63 Authorized Authorized Tavernier FL 33070 Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_ Manager Name: \_\_\_\_\_ Manager Name: Address: Address: ■Authorized ☐ Authorized Person Person Other Other Other Manager ■ Manager Name: \_\_\_\_\_ Name: Member Address: Address: Authorized ☐ Authorized Person Person Other Other\_\_\_\_ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Jamie Brown

Typed or printed name of signee

#### OFFICE OF THE SECRETARY OF STATE



## CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, To hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>US EXPEDITED</u>, <u>LLC</u> whose registered agent is <u>STEVE MCCONNELL</u>, with its registered office at <u>320 S DELAWARE</u> <u>BARTLESVILLE 74003 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>22nd</u>, day of <u>July</u>, <u>2019</u>.

Secretary Of State