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#### COVER LETTER

Division of Corporations						
SUBJECT: USL LOGISTICS, LLC						
SUBSTICE:	Name of L	imited Liability C	Company			
The enclosed "Application by Foreign L Existence, and check are submitted to re	imited Liability Compagister the above refere	any for Authoriza nced foreign limit	tion to Trar ed liability	nsact Business is company to trai	n Florida,' nsact busir	Certificate of tess in Florida.
Please return all correspondence concern	ning this matter to the f	following:				
Jan R. Ezell, Corporat	e Paralegal					
<del></del>	Na	me of Person				
Alston & Bird LLP		_				
	Fir	m/Company				
1201 West Peachtree	Street					-
	-	Address				
Atlanta, GA 30309-34	124					_
	City/St	ate and Zip Code				
brentirwin@uslumber.c	om					-
E-ma	ail address: (to be used	for future annual	report noti	neation)		20
For further information concerning this t	matter, please call:				.:	30 61
Jan R. Ezell		_ at (_404	_) 881-744			- <del></del> -
Name of Cont	act Person	Area Code	Dayt	time Telephone	Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center C ce, FL 32301	ircle	2019 OCT -1 AH 11: 23
	nount: 130.00 Filing Fee & tificate of Status	A \$155.00 Filin Certified Copy	ng Fee &	□ \$160,00 Fill of Status & Co		

TO:

Registration Section

# 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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame unavailable, enter alternate n	aine adopted for the purpose of transacting business in Flori	ida The al	ternate name must include "Lismited Liab	illiy Company,	""LLC," of "LLC ")	)
2.(	Ohio _		3.	80-0522555			
_	Durisdiction under the law of wi	ach foreign initited liability company is organized)		(FEI numb	er, if applicable	<b>c)</b>	
4.							
		(Date first transacted biginess in Florida, if prior to re (See sections 603,0904 & 605,0905, F.S. to determine	ic benyif). chirmation	) iability)			
5.	2160 Satellite Blvd., S	uite 450	6.	Same		20	
	(Street Address of F	riveipal Office)		(Mailing Addr	e51)	19	
	Duluth, GA 30097	<del></del>				19 0CT - 1	- 1
	<del></del>	<del></del>		<del></del>	<del></del>		
7.	Name and street address	s of Florida registered agent: (P.O. Box	NOT e	cceptable)			
	Name	C T Corporation System					
	Name:			<del></del>		AH III: 23	
	Office Address:	1200 South Pine Island Road	·	<del></del>		- 2	
		Plantation		, Florida 33324 (Zip code		<b></b>	
	gistered agent's accep	(C·ty)		(Zip code	1)		
		By: C T Corporation System Nati	han	Giffin Assistant	Secretary		
		By: C T Corporation System Nat (Registered agent's s	han ignature)	Giffin Assistant	Secretary ——		
8.	The name, title or capa	्रिवधात्राहरूवये अद्ववास ३ ऽ	ignature)		Secretary ——		
8.	The name, title or capa	By: C T Corporation System Nat (Registered agent's s acity and address of the person(s) who has Name and Address:	s/have i			nd Address:	
8.		acity and address of the person(s) who has  Name and Address;  Jeff McLendon	s/have   <u>Ti</u>	authority to manage is/are:		nd Address:	
8.	Title or Conneity:	acity and address of the person(s) who ha <u>Name and Address</u> :	s/have   <u>Ti</u>	authority to manage is/are:		nd Address:	
8.	Title or Capacity: Manager	ncity and address of the person(s) who has  Name and Address:  Jeff McLendon  2160 Satellite Blvd., State 450	s/have   <u>Ti</u>	authority to manage is/are:		nd Address:	
8.	Title or Conneity:	Jeff McLendon  2160 Satellite Blvd., Suite 450  Ronnie Stroud  2160 Satellite Blvd., Suite 450	s/have   Ti	authority to manage is/are:		nd Address:	
8.	Title or Capacity: Manager	Jeff McLendon  2160 Satellite Blvd., Suite 430  Duluth. GA 30097  Ronnie Stroud	s/have   Ti	authority to manage is/are:		nd Address:	
	Title or Capacity: Manager	Jeff McLendon  2160 Satellite Blvd., Suite 450  Duluth, GA 30097  Ronnie Stroud  2160 Satellite Blvd., Suite 450  Duluth, GA 30097	s/have   Ti	authority to manage is/are:		nd Address:	
(L'	Title or Capacity:  Manager  Manager  See attachments if neces:  Attached is a certificate	Jeff McLendon  2160 Satellite Blvd., Suite 450  Duluth, GA 30097  Ronnie Stroud  2160 Satellite Blvd., Suite 450  Duluth, GA 30097  sary)  of existence, no more than 90 days old, of	s/have : Ti	nuthority to manage is/are; tle or Capacity:  henticated by the official ha	Name a	dy of records in	the
(L. 9	Title or Capacity:  Manager  Manager  See attachments if neces:  Attached is a certificate	Jeff McLendon  2160 Satellite Blvd., Suite 450 Duluth, GA 30097  Ronnie Stroud  2160 Satellite Blvd., Suite 450 Duluth, GA 30097  Ronnie Stroud  2160 Satellite Blvd., Suite 450 Duluth, GA 30097  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate	s/have : Ti	nuthority to manage is/are; tle or Capacity:  henticated by the official ha	Name a	dy of records in	the
(L. 9 jur of	Manager  Manager  Manager  Se attachments if neces: Attached is a certificate isdiction under the law the translator must be st	Registered agent 13 active and address of the person(s) who has Name and Address:  Jeff McLendon  2160 Satellite Blvd., Suite 450  Duluth, GA 30097  Ronnie Stroud  2160 Satellite Blvd., Suite 450  Duluth, GA 30097  sary)  of existence, no more than 90 days old, cof which it is organized. (If the certificate aboutted)	s/have   Ti	henticated by the official ha	Name a	dy of records in certificate under	oatl
(U.9 jur of	Manager  Manager  Manager  Se attachments if neces: Attached is a certificate is diction under the law the translator must be su. This document is exec	Jeff McLendon  2160 Satellite Blvd., Suite 450 Duluth, GA 30097  Ronnie Stroud  2160 Satellite Blvd., Suite 450 Duluth, GA 30097  Ronnie Stroud  2160 Satellite Blvd., Suite 450 Duluth, GA 30097  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate	s/have   Ti	henticated by the official ha foreign language, a translati	Name a	dy of records in certificate under	oatl
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(L: 9; jur of	Manager  Manager  Manager  Se attachments if neces: Attached is a certificate is diction under the law the translator must be su. This document is exec	Registered agent 13  actity and address of the person(s) who has  Name and Address:  Jeff McLendon  2160 Satellite Blvd., Suite 450  Duluth, GA 30097  Ronnie Stroud  2160 Satellite Blvd., Suite 450  Duluth, GA 30097  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203  of the Department of State constitutes a thi	s/have   Ti	henticated by the official ha foreign language, a translati	Name a	dy of records in certificate under	oat
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# UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show USL LOGISTICS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1900384, was organized within the State of Ohio on December 8, 2009, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of September, A.D. 2019.

Ohio Secretary of State

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Validation Number: 201927303950