

11/27/19 3:57 PM Page: 01/05

Division of Corporations  
Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**Foreign Limited Liability Company  
Prime EFS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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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. Prime EPS 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. New Jersey  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-3226561  
(FEI number, if applicable)

4. November 25, 2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 603.0904 & 603.0905, F.S. to determine penalty liability)

5. 212 Washington Avenue  
(Street Address of Principal Office)

6. 212 Washington Avenue  
(Mailing Address)

Carlstadt, NJ 07072

Carlstadt, NJ 07072

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

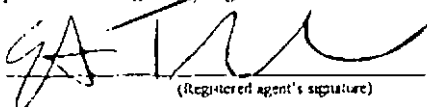
Name: Legaline Corporate Services Inc.

Office Address: 5237 Summerlin Commons Blvd, Suite 400

Fort Meyers, FL 33907 33907  
(City) , 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 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: John Mercadante, Jr.  
☐ Member Address: 212 Washington Ave.  
☐ Authorized Carlstadt, NJ 07072  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☒ Manager Name: Frank Mazzola  
☐ Member Address: 212 Washington Ave.  
☐ Authorized Carlstadt, NJ 07072  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity: Name and Address:  
☒ Manager Name: Doug Cerny  
☐ Member Address: 212 Washington Ave.  
☐ Authorized Carlstadt, NJ 07072  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

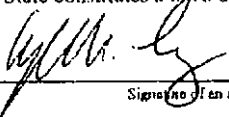
☒ Manager Name: Chris Cervino  
☐ Member Address: 212 Washington Ave.  
☐ Authorized Carlstadt, NJ 07072  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**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  
Douglas M. Cerny  
\_\_\_\_\_  
Typed or printed name of signer

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**Transportation & Logistics Systems, Inc.**  
2833 Exchange Court, Suite A  
West Palm Beach, FL 33409  
713-304-0838

November 27, 2019

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Application by Prime EFS LLC, a New Jersey limited liability company, for authorization to transact business in Florida

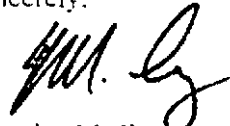
To Whom It May Concern:

Transportation & Logistics Systems, Inc. ("TLSS") is a Nevada corporation with its corporate headquarters in West Palm Beach, Florida. In the spring of this year TLSS filed to do business in Florida and due to an entity with the same name already in existence in Florida TLSS filed as an alternate corporate name 'Prime EFS Inc.'

TLSS is the owner of Prime EFS LLC, a New Jersey limited liability company. Prime EFS LLC will be providing services in Florida. TLSS desires to consent to the use of the name Prime EFS LLC by TLSS' wholly-owned LLC. If necessary, TLSS can change its registration to a different name to allow Prime EFS LLC to be registered as a foreign limited liability company in Florida.

Please contact the undersigned with any questions.

Sincerely,



Douglas M. Cerny

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TALLAHASSEE, FL 32301

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STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

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PRIME EFS LLC  
0450089999

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 13, 2016.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2019*

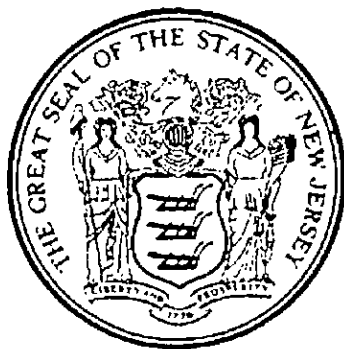
*I further certify that the registered agent and office are:*

JOHN V BIVONA  
600 E. CRESCENT AVE.  
SUITE 205  
UPPER SADDLE RIVER, NJ 07458

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IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
27th day of November, 2019

Elizabeth Maher Muoio  
State Treasurer

Certificate Number 6102506971

Verify this certificate online at

[https://www.treasury.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www.treasury.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

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