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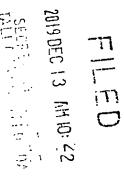
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(Do	ocument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	

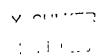
Office Use Only



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06/07/19--61024 010 **43.75 12/13/19--01020--001 **86.25







December 13, 2019

WEST LOGISTICS, INC. 6908 CHAPMAN ROAD LITHONIA, GA 30058

SUBJECT: WEST LOGISTICS, INC.

Ref. Number: F09000002803

We have received your document for WEST LOGISTICS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 619A00025378

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

Division of Communitions D.O. DOV 0007 Well-house Planta 9001

Please process this second

on 06/11/2019

COVER LETTER

SUBJECT:	VEST LOGISTICS, LLC		
Sobsher	Name o	Limited Liability Company	
	Application by Foreign Limited Liability Concheck are submitted to register the above refe		
Please return a	ll correspondence concerning this matter to th	e following:	
	Ethan Jafari		
	1	Name of Person	
	Brown Integrated Logistics		
	Firm/Company		
	6908 Chapman Road		
		Address	
	Lithonia, GA 30058		
	City/	State and Zip Code	
	ejafari@brown-il.com		
	E-mail address: (to be us	ed for future annual report n	otification)
For further infe	ormation concerning this matter, please call:		
i or intract time			
	Jafari	770 344-1	521
	Name of Contact Person	at ()	521 aytime Telephone Number
Ethan 	Name of Contact Person LING ADDRESS:	at () Area Code D: STREF	aytime Telephone Number
Ethan MAII Divisi	Name of Contact Person ING ADDRESS: on of Comporations	at () Area Code D: STREF Divisio	aytime Telephone Number T ADDRESS: n of Corporations
Ethan MAII Divisi Regisi	Name of Contact Person LING ADDRESS:	at ()	aytime Telephone Number T ADDRESS: n of Corporations ation Section
Ethan MAII Divisi Regist P.O. E	Name of Contact Person ING ADDRESS: on of Corporations tration Section	at () Area Code D: STREF Divisio Registr: Clifton 2661 E:	aytime Telephone Number TADDRESS: n of Corporations ation Section Building xecutive Center Circle
Ethan MAII Divisi Regisi P.O. E Tallah	Name of Contact Person LING ADDRESS: on of Corporations tration Section Sox 6327 trassee, FL 32314	at () Area Code D: STREF Divisio Registr: Clifton 2661 E:	aytime Telephone Number T ADDRESS: In of Corporations Building
Ethan MAII Divisi Regist P.O. F Tallah Enclosed is a c	Name of Contact Person LING ADDRESS: on of Corporations tration Section Sox 6327 tassee, FL 32314 theck for the following amount: \$86.25	at () Area Code D: STREF Divisio Registr: Clifton 2661 E:	aytime Telephone Number T ADDRESS: In of Corporations ation Section Building Recutive Center Circle ssee, FL 32301
Ethan MAII Divisi Regist P.O. F Tallah Enclosed is a c	Name of Contact Person LING ADDRESS: on of Corporations tration Section Sox 6327 trassee, FL 32314	at () Area Code D: STREF Divisio Registre Clifton 2661 E: Tallaha	aytime Telephone Number T ADDRESS: In of Corporations ation Section Building Recutive Center Circle ssee, FL 32301

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. West Logistics, LLC (Name of Foreign Lamited Limbility Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") Brown West Logistics, LLC (If name unavailable, cover afternote name adopted for the purpose of transacting beariness in Florids. The attenues name most include "Limited Labelity Company," "LL.C." or "LL.C." or "LL.C." 2 State of North Carolina 3. 56-2277857 (FEI menter, d'applicable) (Jurushteins profes the Jaw of which fareign knowed includy company is organized) hele first manuscried beautiess in Fluids, of paint to projektables.) see perione 605,0904 & 605,0905, F.S. to determine periolsy imbility) 6. 6908 Chapman Road, Lithonia, GA 30058 6908 Chapman Road, Lithonia, GA 30058 (Mailing Address) (Street Address of Pract and Office) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CORPORATION SERVICE COMPANY Name: 1201 HAYS STREET Office Address: Florida 32301 TALLAHASSEE (Car) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company attitle place designated in this application, I hereby accept the appointment as registyred agent and agree to act in this capacity. I further agree to comply with the provisions of all standes 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. (Remarked agent's experime) LOBERT 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are Title or Capacity: Name and Address: Title or Capacity: Name and Address: Member Brown Integrated Logistics Inc. CPO Barbara Loasure 6908 Chapman Road 6908 Chapman Road ithonia, GA 30058 Lithonia, GA 30058 (Use attachments if necessary) 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 Stanues. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellows as provided for in \$.817.155. F.S. Barbara Leasure, CFO

Typed or printed more of signee



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

WEST LOGISTICS, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 27th day of September, 2011

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 19th day of December, 2019.

Elaine I Marshall

Secretary of State