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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

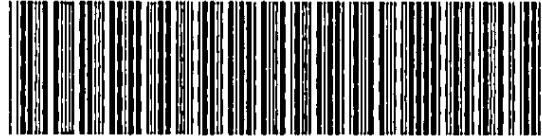
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LAW OFFICES  
**REBMAN, LINHARES & BEACHEM**  
A PROFESSIONAL CORPORATION

JOSEPH E. REBMAN  
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165 NORTH MERAMEC AVENUE, SUITE 310  
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Telephone: (314) 725-1118  
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\*ALSO LICENSED IN ILLINOIS

December 3, 2019

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

Re: National **Delivery** Solutions, L.L.C.  
Application for Authority to Transact Business as a Foreign LLC

Dear Madam or Sir:

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and \$125 check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please acknowledge receipt and filing of the enclosed Application on the additional copy of this letter which is enclosed for that purpose. A self-addressed, postage prepaid envelope is also enclosed for your convenience in acknowledging receipt by mail. Alternatively, if you prefer, please acknowledge receipt by e-mail at my e-mail address set forth below. In addition, please send all correspondence, notices and other communications concerning this matter to the following:

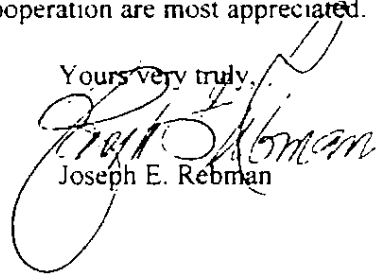
Joseph E. Rebman  
Rebman, Linhares & Beachem, a Professional Corporation  
165 N. Meramec Ave., Suite 310  
Clayton, MO 63105  
[joe@rlblaw.net](mailto:joe@rlblaw.net)

Finally, if there are any questions and/or if any additional information is required or requested, please call:

Joseph E. Rebman at (314) 725-1118.

Your kind assistance and cooperation are most appreciated.

Yours very truly,

  
Joseph E. Rebman

JER:  
enclosures

COPY

LAW OFFICES

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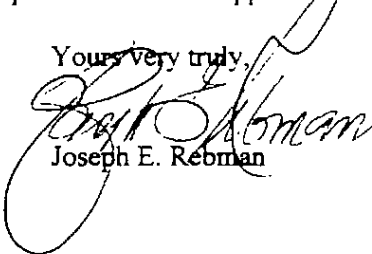
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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*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. National Delivery Solutions, 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. Missouri

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-0610132

(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)

9200 Estero Park Commons Blvd., Unit 5

5. \_\_\_\_\_  
(Street Address of Principal Office)

Estero Park FL 33928

9200 Estero Park Commons Blvd., Unit 5

6. \_\_\_\_\_  
(Mailing Address)

Estero Park FL 33928

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


Name: Valerian Eversgerd

Office Address: 9200 Estero Park Commons Blvd., Unit 5

Estero Park \_\_\_\_\_, Florida 33928  
(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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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

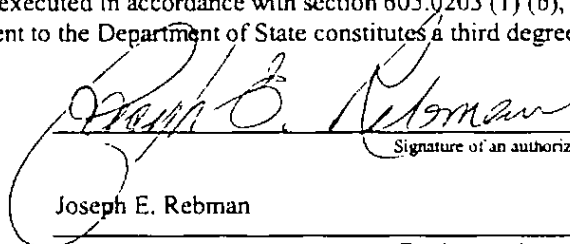
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Valerian Eversgerd	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 9200 Estero Park Commons	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Blvd., Unit 5	<input type="checkbox"/> Authorized	_____
Person	Estero Park, FL 33928	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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  
Joseph E. Rebman  
\_\_\_\_\_  
Typed or printed name of signee

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**


CORPORATION DIVISION  
CERTIFICATE OF GOOD STANDING

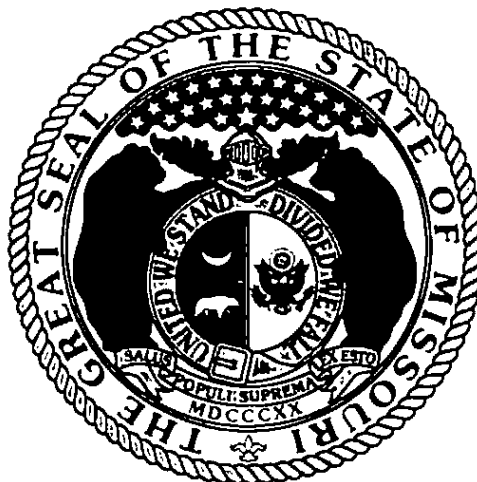
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

***NATIONAL DELIVERY SOLUTIONS, LLC***  
***LC0827072***

was created under the laws of this State on the 2nd day of July, 2007, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 3rd day of December, 2019.

  
Secretary of State



Certification Number: CERT-12032019-0060