

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*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  
BQSR CHICAGO LOGISTICS, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
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Corporate Filing Menu

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US

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. BQSR Chicago Logistics, 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," "LLC," or "L.L.C.")

2. Illinois

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

3. \_\_\_\_\_

(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.)

5. 1801 W. 31st Place

(Seven Address of Principal Office)

6. 1801 W. 31st Place

(Mailing Address)

Chicago, IL 60608

Chicago, IL 60608

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301

(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.

KRA

(Registered agent's signature)

Krista Abair, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

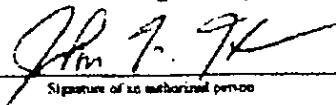
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <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: <u>Mark J. Bendix</u>                  | <input checked="" type="checkbox"/> Manager | Name: <u>John W. Kent</u>                 |
| <input type="checkbox"/> Member             | Address: <u>1801 W. 31St Place</u>           | <input type="checkbox"/> Member             | Address: <u>1801 W. 31St Place</u>        |
| <input type="checkbox"/> Authorized         | <u>Chicago, IL 60608</u>                     | <input type="checkbox"/> Authorized         | <u>Chicago, IL 60608</u>                  |
| Person                                      | _____  | Person                                      | _____                                     |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____      |
| <input checked="" type="checkbox"/> Manager | Name: <u>Fernando Arturo Valverde Flores</u> | <input type="checkbox"/> Manager            | Name: <u>Jonathan T. Berger</u>           |
| <input type="checkbox"/> Member             | Address: <u>1801 W. 31St Place</u>           | <input checked="" type="checkbox"/> Member  | Address: <u>255 Business Center Drive</u> |
| <input type="checkbox"/> Authorized         | <u>Chicago, IL 60608</u>                     | <input type="checkbox"/> Authorized         | <u>Horsham, PA 19044</u>                  |
| Person                                      | _____  | Person                                      | _____                                     |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____      |
| <input type="checkbox"/> Manager            | Name: <u>Bruce Soter</u>                     | <input type="checkbox"/> Manager            | Name: <u>Claudia V. Coscia</u>            |
| <input checked="" type="checkbox"/> Member  | Address: <u>1801 W. 31St Place</u>           | <input checked="" type="checkbox"/> Member  | Address: <u>7301 South Freeway</u>        |
| <input type="checkbox"/> Authorized         | <u>Chicago, IL 60608</u>                     | <input type="checkbox"/> Authorized         | <u>Fort Worth, TX 76134</u>               |
| 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.

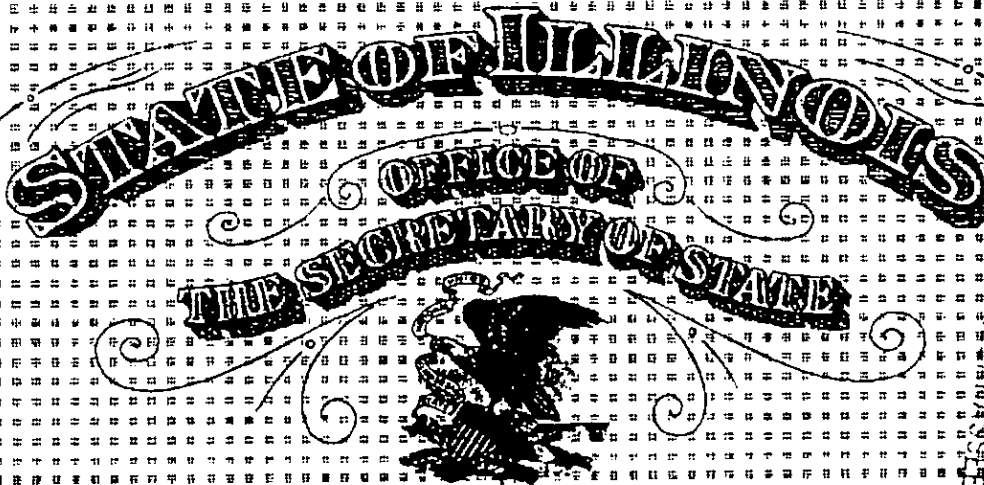
  
Signature of an authorized person

John W. Kent

Typed or printed name of signer

File Number

0705868-3



FILED

**To all to whom these Presents Shall Come, Greeting:**

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

BQSR CHICAGO LOGISTICS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 03, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 2007901384 verifiable until 03/19/2021  
Authenticate at: <http://www.cyberdriveillinois.com>

**In Testimony Whereof,** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 19TH  
day of MARCH A.D. 2020 .

*Jesse White*  
SECRETARY OF STATE