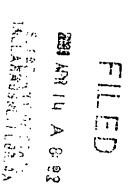
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DATE:

4/14/20

NAME:

GTD LOGISTICS, LLC

TYPE OF FILING: APPLICATION

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

abosie Hodge

# COVERLETTER

Name of Limited Liability Company  The onclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida".  The onclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida".  The onclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Transact Busi		COVE
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Enclosed is a check for the 10th FLORIDA Filing Fee of Status  Enclosed is a check payable to: \$130.00 Filing Fee Certificate of Status  Please make check payable to: \$130.00 Filing Fee  D \$125.00 Filing Fee		Tallande collowing and Derive & Ce
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#### **COVER LETTER**

TO:

i.	Division of Corporations	
SUBJEC	GTD Logistics, LLC	
	Na	me of Limited Liability Company
		y Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida
Please re	turn all correspondence concerning this matter	r to the following:
	Andrew Kehagiaras	
		Name of Person
	Roberts & Kehagiaras LLP	
		Firm/Company
	1 World Trade Center, Suite 2350	
		Address
	Long Beach, CA 90831	
	_	City/State and Zip Code
	adk@tradeandcargo.com	
	E-mail address: (to	be used for future annual report notification)
For furth	er information concerning this matter, please of	rall:
	Andrew Kehagiaras	310 642-9800 at ( )
	Name of Contact Person	Arca Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DI  \$125.00 Filing Fee \$130.00 Filing I  Certificate	EPARTMENT OF STATE  Fee &   S155.00 Filing Fee &   \$160.00 Filing Fee, Certificate

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	ida. The alternate name must include "Limited Liability Company," "L.L.C," or
Delaware		84-3818897
(Jurisdiction under the law of V	shich foreign limited liability company is organized)	3(FEI number, if applicable)
n/a		
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to reg (See sections 605 0904 & 605,0905, F.S. to determine	nstration.) penalty hability)
1 Pelican Drive, Suite	1	I Pelican Drive, Suite I
reet Address of Principal Office)		6. (Mailing Address)
Bayville, NJ		Bayville, NJ
2077		
Name and street addre	ss of Florida registered agent: (P.O. Box )	NOT acceptable)
Name and street addre	ss of Florida registered agent: (P.O. Box )	NOT acceptable)
	-	
Name and street addre	KENDRA TANNER	NOT acceptable)
Name and street addre	KENDRA TANNER  13053 PENSHURST LANE	NOT acceptable)

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: Title or Capacity: Name and Address: Kendra Tanner Name: \_\_ Christopher Barna Name: □Manager □ Manager 13053 PENSHURST LANE Address: \_\_\_\_ 1 Pelican Drive, Suite 1 □Member □Member WINDERMERE, FL 34786 Bayville, NJ 08721 ■Authorized ■ Authorized Person Person □Other Other Other\_\_\_\_ □Other \_\_\_\_\_ □Manager Name: □Manager Name: \_\_\_\_\_\_ Address: \_\_\_\_ ☐ Member ☐Member Address: ☐ Authorized ☐ Authorized Person Person □Other □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_ □Manager Name: □Manager Name: \_\_\_\_\_ ☐ Member Address: □Member Address: ☐ Authorized ☐ Authorized Person Person Other\_\_\_\_ Other\_\_\_ □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Kendra Tanner

Typed or printed name of signee



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GTD LOGISTICS, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE THIRTEENTH DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GTD LOGISTICS, LLC" WAS FORMED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202756559

Date: 04-13-20