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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 **JWS Logistic Services LLC**

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| JWS Logistic S | | | | |
|--|---|--|--|---------------------------|
| (Name of Foreign | Limited Liability Company; must | include "Limited Liabili | ty Company," "L.L.C.," or "LLC.") | |
| (If name unavailable, enter alternate n | ame adopted for the purpose of transac | ting business in Florida. The | alternate name must include "Limited Liability Compa | any," "L.L.C," or "LLC ") |
| Washington | | 83-2905050 | | |
| 2. (Jurisdiction under the law of which foreign limited liability company is | | organized) (FEI number, if applicable) | | |
| | | | | |
| ł | Date first transacted business in (See sections 605,0904 & 605,0 | Florida, it prior to registratio 905, F.S. to determine penalty | n.) Habilityi | |
| 7901 4th St N ₆ 7901 4th St N | | 7901 4th St N | | |
| (Street Address of P | rincipal Office) | _ "· | (Mailing Address) | |
| STE 300 | | STE 300 | | |
| St. Petersburg FL 33702 St. Petersburg F | | | St. Petersburg FL | 33702 |
| 7. Name and street addres | s of Florida registered age | nt: (P.O. Box <u>NOT</u> | acceptable) | 20.28 20.28 20.28 |
| Name: | Registered | Agents Ir | nc. | : S |
| Office Address: | 7901 4th St | N STE 3 | 00 | က လ |
| Office Address. | St. Petersb | urg | Florida 33702 | 7. (1) |
| | | (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.



| Title or Capacity: Name and Address: | | Title or Capacity: | | Name and Address: |
|---|--|--|---------------------------------------|---|
| Manager | Name: Joseph Schonert iii | Manager | Name: | |
| Member | Address: 7901 4th St N STE 300 | Member | Address: | |
| Authorized | St. Petersburg, FL 33702 | Authorized | | |
| Person | | Person | | |
| Other | Other | Other | | Other |
| Manager | Name: Joseph Schonert iv | Manager | Name: | |
| ⊠Member | Address: 7901 4th St N STE 300 | Member | Address: _ | · |
| Authorized | St. Petersburg, FL 33702 | Authorized | | |
| Person | | Person | | |
| Other | Other | Other | | Other <u>5-3</u> |
| | | | | : |
| Manager | Name: | ☐ Manager | Name: | <u> </u> |
| Member | Address: | Member | Address: _ | · · · · · · · · · · · · · · · · · · · |
| Authorized | | Authorized | | ပ္ (သ |
| Person | - ILLUM BUILDING | Person | | <u></u> |
| Other | Other | Other | | Other |
| indexed individuals 9. Attached is a cer | Ise an attachment to report more than six (6). The may be added to the index when filing your Florificate of existence, no more than 90 days old, one law of which it is organized. (If the certificate st be submitted) | orida Department of Sta July authenticated by the | ite Annual Rep he official havi | ort form. ng custody of records in the |
| 10. This document submitted in a docu | is executed in accordance with section 605.0203 ment to the Department of State constitutes a thi | (1) (b), Florida Statute rd degree felony as pro | es. I am aware to wided for in s.8 | that any false information 317.155, F.S. |
| | Rilux to | L. of an authorized person | | |
| | | | | |

Lyped or printed name of signee





Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

JWS LOGISTIC SERVICES LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/20/2018.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date:

04/28/2020 UBI Number: 604 378 132



KAKERA -

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

tun Ugna

Date Issued: 04/28/2020