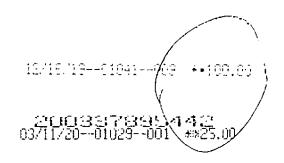
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(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
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(Document Number)						
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 12, 2020

ANDRES URIBE 6165 RALEIGH ST. UNIT:1517 ORLANDO, FL 32835

SUBJECT: D2D COURIER LLC Ref. Number: W20000026443

We have received your document for D2D COURIER LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 820A00005442

RECEIVED MAY 0 4 2020

e.

COVER LETTER

TO:	Registration Section Division of Corporations						
SURJE	CT: D2D Courier 11C Name of Limited Liability Company						
00001	Name of Limited Liability Company						
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of the and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.						
Please r	eturn all correspondence concerning this matter to the following:						
	Andres Uribe ST + T						
	Name of Person						
	Andres Uribe Name of Person D20 Courier 11C Firm/Company						
	Firm/Company						
6165 Raleigh St. Unit 1517							
	Addicss						
Orlando - Fl 32835 City/State and Zip Code							
City/State and Zip Code							
E-mail address: (to be used for future annual report polification)							
	E-mail address: (to be used for future annual report potification)						
For furt	ner information concerning this matter, please call:						
	Andres Uribe Name of Contact Person at (509) 218 8516 Daytime Telephone Number						
	Name of Contact Person Area Code Daytime Telephone Number						
	Mailing Address: Street Address:						
	Registration Section Registration Section						
	Division of Corporations P.O. Box 6327 Division of Corporations 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 DEPARTMENT OF STATE \$\times \text{\$125.00 Filing Fee} \to \text{\$130.00 Filing Fee} & \to \text{\$155.00 Filing Fee} & \to \text{\$160.00 Filing Fee, Certificate} \text{ Certificate of Status} \text{ Certified Copy} \text{ of Status & Certified Copy}						

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:

COMPANT TO TRANSACT DOMESS IN THE STATE OF FLORIDA.	
1. D2D Courier 22C (Name of Foreign Limited Liability Company; must include "Limited I	7.00
(Name of Foreign Limited Liability Company; must include "Limited liability Company)	Liability Company," "L.L.C.," or "LI.C.")
	是范
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited Liability Company," "L.UC," or "LLC.")
0/ / /	21 :050 23 MG 7
2. Maryland	3. 61-1950827 TO 3
2. Mary land (Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	전 9
4. February 15, 2020 (Date first transacted business in Florida, if prior to regions 605,0904 & 605,0905, F.S. to determine	D
4. (Date first transacted business in Florida, if prior to re-	gistration.)
(See sections 605,0904 & 605,0905, F.S. to determine	penalty liability)
1 1 1 1 Si 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	51 1 1 1 St St 11 1/ 1513
5. 6165 Rakigh St Unit 1517 (Street Address of Principal Office)	6. 6/65 Ruleigh of Unit 1517
(Street Address of Principal Office)	(Mailing Address)
a / / T/ T2825	6. 6165 Ruleigh St Unit 1517 (Mailing Address) Orlando- Fl, 32835
Orlando - F1, 32835	UHANOO- FI 32851
	
7. Name and street address of Florida registered agent: (P.O. Box)	<u>NOT</u> acceptable)
4 / /	
Name: Andres Uribe	
rume.	
CICE Deliver &	1 11 1 101
Office Address: 6165 Raleigh St	: Unit 1317
Orlando	Florida 3283 5
(City)	(Zip code)
Registered agent's acceptance:	A de la constant de la la la la la company de la constant de la co
Having been named as registered agent and to accept service of pr designated in this application, I hereby accept the appointment as	
to comply with the provisions of all statutes relative to the proper a	
and accept the obligations of my position as registered agent.	the complete perjoinance of my united, und a uniformula min
and accept the conguments by my position as registered agents	
	$\gamma \sim -4$

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
☑ Manager	Name: Andres Uribe	□Manager	Name:	
□Member	Address: 6165 Raleigh St	□Member	Address:	7.0
□Authorized	Unit 1517, Ollando-Fl	□Authorized		2020 MAY
Person	32835	Person		HASS
Other	Other	□Other		Olker P 17
				3: 05
□Manager	Name: Ginette Vasquez	□Manager	Name:	Ora O
Member	Address: 6/65 Ruleigh St	□Member	Address:	
□Authorized	Unit 1517, Ollardo- Fl	□Authorized		
Person	<u> 32835</u>	Person		
Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other		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

Township and a support of signers

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT D2D COURIER, LLC (W20097408), REGISTERED NOVEMBER 20, 2019, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS APRIL 24, 2020.

TOP STATE

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice