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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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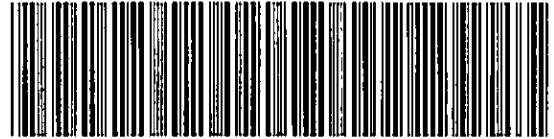
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MAY 14 2020

M. SOLOMON

2020-4476

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Elite Vision Logistics LLC

\_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Michael D Stout

\_\_\_\_\_  
Name of Person

Elite Vision Logistics LLC

\_\_\_\_\_  
Firm/Company

1625 Rock Mountain Boulevard Suite O

\_\_\_\_\_  
Address

Stone Mountain , Georgia 30083

\_\_\_\_\_  
City/State and Zip Code

mstout8725@nycap.rr.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael D Stout

317

650-4159

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
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**

☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate 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:*

1. Elite Vision 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," "L.L.C.," or "LLC.")

2. Georgia 3. 84-4230136  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 4550 Home Run Boulevard 6. Elite Vision Logistics  
(Street Address of Principal Office) (Mailing Address)  
Building 100, Suite 300 1625 Rock Mountain Boulevard, Suite O  
Davenport, FL 33837 Stone Mountain, Georgia 30083

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

Name: Pamela Palmer  
Office Address: 4081 SW St Lucie Shores  
Palm City 34990  
(City) , Florida (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.*

Pamela Palmer  
(Registered agent's signature)

FILED  
2020 MAY 12 AM 10:25  
SECRETARY OF STATE  
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 type="checkbox"/> Manager	Name:	Clark R Mayfield		<input type="checkbox"/> Manager	Name:	Travis Bassett	
<input checked="" type="checkbox"/> Member	Address:	6101 Summerall Circle		<input checked="" type="checkbox"/> Member	Address:	1212 Walker Court	
<input checked="" type="checkbox"/> Authorized		Braselton, GA 30517		<input checked="" type="checkbox"/> Authorized		McDonough, GA 30252	
	Person				Person		
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Michael Stout		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	12 Fairleigh Way		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Ballston Lake, NY 12019		<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	

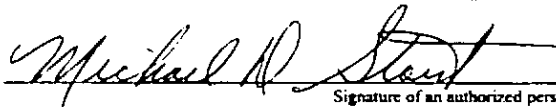
2020 MAY 12 AM 10:11  
 CLERK OF DISTRICT COURT  
 JAMES A. BASSETT, JR.  
 1000 N. GULF BLVD.  
 SUITE 100  
 TAMPA, FL 33601

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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  
 MICHAEL D. STOUT  
 Typed or printed name of signee

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Elite Vision Logistics , LLC**  
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19022367  
Date Inc/Auth/Filed: 01/01/2020  
Jurisdiction : Georgia  
Print Date : 04/24/2020  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2020

MICHAEL D STOUT  
1625 ROCK MOUNTAIN BLVD STE O  
STONE MOUNTAIN, GA 30083

SUBJECT: ELITE VISION LOGISTICS LLC  
Ref. Number: W20000042930

We have received your document for ELITE VISION LOGISTICS LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a fee of \$37.50 due.

The document you sent in is for a Foreign Corporation. You need to file the Foreign LLC document.,

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 820A00008946

RECEIVED

MAY 12 2020

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314