

Mac660000088711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

03/24/20--01017--006 +125.00

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

SEARCHED
INDEXED
SERIALIZED
FILED
APR 24 2017
CLERK'S OFFICE

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INTERSTATE TRUCKING 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:

Karen Flory

Name of Person

INTERSTATE TRUCKING LOGISTICS, LLC

Firm/Company

2001 Sw 120Th Terrace

Address

Miramar, FL 33025

City/State and Zip Code

karen_flory@aol.com

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

For further information concerning this matter, please call:

Karen Flory

954 801-2940

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

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. INTERSTATE TRUCKING 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. WYOMING

(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. 2001 Sw 120Th Terrace

(Street Address of Principal Office)

Miramar, FL 33025

6. 2001 Sw 120Th Terrace

(Mailing Address)

Miramar, FL 33025

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

Name:

Registered Agents Inc.

Office Address:

7901 4th St N STE 300

St. Petersburg

(City)

, Florida

33702

(Zip code)

SEARCHED
INDEXED
FILED
SERIALIZED
JULY 26 2002
CLERK'S OFFICE
FLORIDA
STATE
ATTORNEY
GENERAL
FLORIDA
STATE
ATTORNEY
GENERAL

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.

Bill Hause

(Registered agent's signature)

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>
<input checked="" type="checkbox"/> Manager	Name: <u>Karen Flory</u>
<input type="checkbox"/> Member	Address: <u>2001 Sw 120Th Terrace</u>
	<u>Miramar, FL 33025</u>

Person _____

Manager Name: _____

Member Address: _____

Authorized

Person _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Title or Capacity: Name and Address:
 Manager Name: Moise Abraham Flory
 Member Address: 2001 Sw 120Th Terrace
- Miramar, Fl 33025

Person _____

Manager Name: _____

Member Address: _____

Authorized

Person _____

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.

the Department of State constitutes a third degree felony as provided for in 3617.



Karen Flory

Signature of an authorized person

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

INTERSTATE TRUCKING LOGISTICS, LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **September 10, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000943539**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of September, 2020 at 2:30 PM. This certificate is assigned ID Number 039193133.



Edward A. Buchanan
Secretary of State