MA0000011180

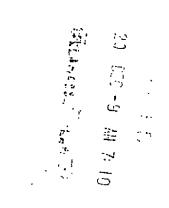
| (Requestor's Name) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| Special instructions to Fining Officer. | | | | | |
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Office Use Only



900356208499

12/09/28--01008--029 **125.00



(CD 77 05)

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 & □ \$155.00 Filing Fee &

Certificate of Status

Certified Copy

☐ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| COMPANY TO TRANSACT BU | TION 605.0902, FLORIDA STATUTES, THE FOR SINESS IN THE STATE OF FLORIDA: Limited Liability Company; must include "Limited | | | N LIMITED LIABILITY |
|--|---|----------------------------|-----------------------------|--|
| MILA | Log Lability Company; must include "Limited L of L | C SERV | TCES | L, L, C |
| (Jurisdiction under the law of wh | Ch foreign limited liability company is organized) | 3. <u>82-2</u> | (FET number, (f applicable) | <u> </u> |
| 4 | (Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin | e penalty liability) | | _ |
| 5. 10410 S Street Address of Principal Office) | , 144th St. | 6. 1225 (Mailing Address) | Passion | F/acres |
| STE 3, | Omaha, | S+. , : | Sebring | FL |
| NE | G 8138 | 33875 | port (| <u>. </u> |
| 7. Name and street address | of Florida registered agent: (P.O. Box | NOT acceptable) | | (i) |
| Name: | Marvin Rando 1225 Passien | box IT | : :- :: | e n E O |
| Office Address: | 1225 Passion | Flower S | T | 7: 10 |
| | Sebring | , Florida <u>3</u> | 3875 ip code1 | |
| lesignated in this applicati o comply with the provisio | ance: istered agent and to accept service of pr ion, I hereby accept the appointment as ns of all statutes relative to the proper a of my position as registered agent. | registered agent and agree | to act in this capac | ity. I further agree |
| | | | | |

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: Title or Capacity: Name and Address: Name and Address: □Manager □Manager Name: **→** 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 □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. 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

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

Marvin Randolph II

STATE OF NEBRASKA

United States of America, State of Nebraska } ss.

Secretary of State State Capitol Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

MILA LOGISTICS, L.L.C.

was duly formed under the laws of Nebraska on July 11, 2017;

all fees, taxes, and penalties due under the Nebraska Uniform Limited Liability Company Act or other law to the Secretary of State have been paid;

the Company's most recent biennial report required by section 21-125 has been filed by the Secretary of State;

the Secretary of State has not administratively dissolved the company;

the Company has not delivered to the Secretary of State for filing a Statement of Dissolution;

a Statement of Termination has not been filed by the Secretary of State.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

December 4, 2020

Secretary of State