

Md00000011480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900356208499

12/09/20--01008--029 **125.00

RECEIVED

20 DEC -9 AM 7:10

12/11/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MILA 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:

Marvin Randolph II
Name of Person
Mila Logistics, LLC
Firm/Company
1225 Passion Flower St
Address
Sebring, FL 33875
City/State and Zip Code
marvinrandolphii@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marvin Randolph II at 863 991-3266
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. MILA LOGISTICS, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

MILA LOGISTIC SERVICES, L.L.C.
(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. NEBRASKA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2173613
(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. 10410 S. 144th St.
(Street Address of Principal Office)

6. 1225 Passion Flower
(Mailing Address)

STE 3, Omaha,
NE 68138

St., Sebring, FL
33875

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

Name: Marvin Randolph II

Office Address: 1225 Passion Flower ST.

Sebring, Florida 33875
(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.

Mr. Randolph II
(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]:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

☐ Manager

Name:

Marvin Randolph II

☐ Manager

Name:

☒ Member

Address:

1225 Pession

☐ Member

Address:

☐ Authorized

Person

Flows St, Sebring,

☐ Authorized

Person

Person

FL 33875

☐ Other

☐ Other

☐ Other

☐ Other

☐ Manager

Name:

☐ Manager

Name:

☐ Member

Address:

☐ Member

Address:

☐ Authorized

Person

☐ Authorized

Person

☐ Other

☐ Other

☐ Other

☐ Other

☐ Manager

Name:

☐ Manager

Name:

☐ Member

Address:

☐ Member

Address:

☐ Authorized

Person

☐ Authorized

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.

Marvin Randolph II

Signature of an authorized person

Marvin Randolph II

Typed or printed name of signer

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

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



A handwritten signature in black ink, reading "Robert B. Evnen".

Secretary of State