

US
4/10/21



Returned filing

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2020

DAVID MARKS
401 EAST KILBOURN AVE.
SUITE 201
MILWAUKEE, WI 53202

SUBJECT: PHOENIX LOGISTICS, LLC
Ref. Number: W20000107937

We have received your document for PHOENIX LOGISTICS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is M20000004692.

The registered agent must sign accepting the designation.

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: 020A00017987

Phoenix Investors, LLC
401 East Kilbourn Avenue, Suite 201, Milwaukee, Wisconsin 53202
414.283.2600
www.phoenixinv.com



PHOENIX
INVESTORS
Ownership, Control & Liability

March 30, 2021

VIA FEDERAL EXPRESS

Yvette Scott
Florida Department of State
Limited Liability Division
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

RE: Phoenix Logistics, LLC
Letter Number: 020A00017987
Ref. Number: W20000107937

FILED
2021 APR -9 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FL

Dear Yvette:

Enclosed for filing please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida.

Also enclosed please find the Rejection Letter sent September 20, 2020. I spoke with your colleague on March 30, 2021 and she confirmed that the \$160.00 filing fee is being held in your office.

Kindly file the attached and return a file-stamped copy to my attention.

If you require additional information, please call me at 414-930-4787 or email me at tstrelka@phoenixvestors.com. Thank you for your attention in this regard.

Best regards,

Tracey Strelka
Real Estate Paralegal

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phoenix Logistics of Florida 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:

Tracey Strelka

Name of Person

Phoenix Investors LLC

Firm/Company

401 E. Kilbourn Ave Suite 201

Address

Milwaukee, WI 53202

City/State and Zip Code

tstrelka@phoenixinvestors.com

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

2021 APR -9 PM 4:11
SECRET, NO OFF STATE
TALL/NO SECRET

FILED

For further information concerning this matter, please call:

Tracey Strelka

414

930-4787

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. Phoenix Logistics, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

Phoenix Logistics of Florida 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. Wisconsin 3. 81-0999735
(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. 401 E. Kilbourn Ave., Suite 201
(Street Address of Principal Office)

Milwaukee, WI 53202

6. 401 E. Kilbourn Ave., Suite 201
(Mailing Address)

Milwaukee, WI 53202

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2021 APR -9 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FL

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

James D. Martin James Martin - Assistant Secretary
(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]:

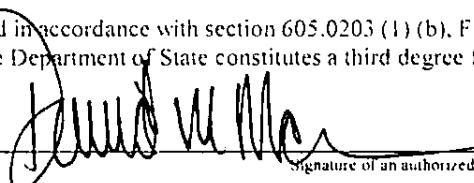
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: David M. Marks	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 401 E. Kilbourn Ave., Suite 201	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Milwaukee, WI 53202	<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 _____
<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 _____

FILED
 2021 APR -9 PM 4:11
 SECRETARY OF STATE
 TREASURY

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
 David M. Marks

 Typed or printed name of signee

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

PHOENIX LOGISTICS, LLC

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is January 06, 2016.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.

FILED
2021 APR -9 PM 4:11
DEPT. OF FIN. INST.
STATE OF WISCONSIN
MADISON, WISCONSIN



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on March 30, 2021.

Patti Epstein

PATTI EPSTEIN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfi.org/apps/ccs/verify/>

Enter this code: **293427-D22632D2**