

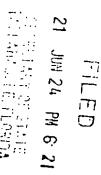
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## **COVER LETTER**

TO: Registration Section

	Nam	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori	
ase return all	correspondence concerning this matter t	o the following:	
	Emma Berley		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Becker Logistics		
		Firm/Company	
	P.O. Box 88126		
		Address	
	Carol Stream, IL 60188-0126		
	C	ity/State and Zip Code	
	emma.berley@beckerlogistics.com		
		used for future annual report notification)	
further info	rmation concerning this matter, please ca	N:	
Emma	a Berley	630 529-0700 x3036	
-	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
_	ion of Corporations	Division of Corporations	
	Box 6327	The Centre of Tallahassee	
Tallal	nassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	ed is a check for the following amount:		

## 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:

Becker Logistics, LLC	Limited Liability Company; must include "Limited	certe a	2 D. J. C. D. D. L. C. W.		
(Name of Foreign	Limited Liability Company; must include "Elmited	Liability Comp	pany," "L.L.C.," or "LLC.")		
20.00	same adopted for the purpose of transacting business in Flo	orida 'The alternat	anna must include "I imited I i	ability Company "" 1 C " or "11	
	same adopted for the purpose of transacting outsiness in Fig.			atimy company, E.E.C. or EE	
Illinois		38-4050715 3. (PEI number, if applicable)			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FEI numb	er, if applicable)	
N/A					
ł	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	egistration.)		<del></del>	
2198 Gladstone Ct	(See sections 003.0704 to 003.0703; c.m. to determine		Box 88126		
2 196 Gladstoffe Ct  Street Address of Principal Office)			(Mailing Address)		
Street Address of Principal Office)			(Maining Address)		
Suite D					
				21	
Glendale Heights, IL 60139		Card	ol Stream, IL 60188	:- ::	
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT accep	table)	24	
	Corporation Service Company			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Name:	-		_	<sup>₽</sup> <b>2</b>	
	1201 Hays Street				
Office Address:			_		
	Tallahassee		32301 , Florida		
	(City)		, r forida(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.

Corporation Service Company

By: Ronique Raysor Ronique Raysor (Assistant Secretary)

(Runstered 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]:

Name and Address:	Title or Capacity:	Name and Address:
Name:	□Manager	Name:
	□Member	Address:
Suite D	□Authorized	
Glendale Heights, IL 60139	Person	Tampa, FL 33624
Other	Other	Other
Emma Berley	□Manager	Jim Becker Name:
	■Member	Address: 2198 Gladstone Ct
Suite D	<b>■</b> Authorized	Suite D
Glendale Heights, IL 60139	Person	Glendale Heights, IL 60139
Other	□Other	Other
Name:	□Manager	Jessica Olenick
Address:	□Member	Address: 2198 Gladston Ct
Suite D	□Authorized	Suite D
Glendale Heights, IL 60139	Person	Glendale Heights, IL 60139
Other	Other	Other
	Name:	Name: Matt Camp  Address: 2198 Gladstone Ct  Glendale Heights, IL 60139  Cother  Cothe

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 third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Matt Camp

Typed or printed name of signee



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

BECKER LOGISTICS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 12, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 10TH
day of JUNE A.D. 2021.

Authentication #: 2116102282 verifiable until 06/10/2022

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE