

M220000001643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

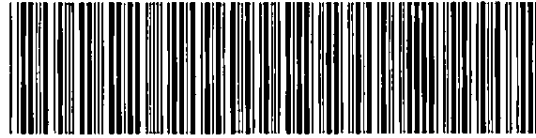
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. ROBERTS

FEB 01 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Odyssey Specialized 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:

Kristen Bell

\_\_\_\_\_  
Name of Person

Odyssey Logistics & Technology Corporation

\_\_\_\_\_  
Firm/Company

100 Reserve Road, E-4

\_\_\_\_\_  
Address

Danbury, CT 06810

\_\_\_\_\_  
City/State and Zip Code

kristenbell@odysseylogistics.com

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

For further information concerning this matter, please call:

Kristen Bell

203

448-3890

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. Odyssey Specialized 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. Delaware 3. 80-0489499  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/4/22  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 116 E. 1100 North 6. 100 Reserve Road, E-4  
(Street Address of Principal Office) (Mailing Address)

Chesterton, IN 46304 Danbury, CT 06810

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301  
(City) , Florida (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.

Danielle Ellenberger

(Registered agent's signature)

Danielle Ellenberger Asst. Secretary

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TALLAHASSEE, FL

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:

☐ Manager              Name: Jason Vavrik

☐ Member              Address: 116 E. 1100 North

☐ Authorized              Chesterton, IN 46304

Person \_\_\_\_\_

☒ Other CFO                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager              Name: Raymond G. Maier

☐ Member              Address: 100 Reserve Road, E-4

☐ Authorized              Danbury, CT 06810

Person \_\_\_\_\_

☒ Other Secretary                      ☐ Other \_\_\_\_\_

☐ Manager              Name: William Ritter

☐ Member              Address: 100 Reserve Road, E-4

☐ Authorized              Danbury, CT 06810

Person \_\_\_\_\_

☒ Other President                      ☐ Other \_\_\_\_\_

☐ Manager              Name: Cosmo J. Alberico

☐ Member              Address: 100 Reserve Road, E-4

☐ Authorized              Danbury, CT 06810

Person \_\_\_\_\_

☒ Other Treasurer                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

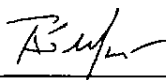
Person \_\_\_\_\_

☐ 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.



\_\_\_\_\_  
Signature of an authorized person

Raymond G. Maier

\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ODYSSEY SPECIALIZED LOGISTICS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ODYSSEY SPECIALIZED LOGISTICS LLC" WAS FORMED ON THE SIXTH DAY OF OCTOBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



4739219 8300

SR# 20220072273

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202477880

Date: 01-25-22