Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

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Foreign Limited Liability Company Miguel Robb Transportation, L.L.C.

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S. ROBERTS FEB 1 5 2022

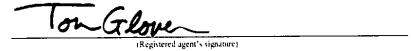
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. Nebraska | | , 823616403 | | |
|--|--|-------------------------------------|--|--|
| (Jurisdiction under the law of which foreign limited hability company is organized) | | (FEI number, if applicable) | | |
| | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | registration) ne penalty hability) | | |
| 7901 4th 3 | | 6. 7901 4th St N | | |
| STE 300 | | STE 300 | | |
| St. Petersb | urg FL 33702 | St. Petersburg FL 3370 | | |
| Name and street addre | ss of Florida registered agent: (P.O. Box | NOT acceptable) | | |
| Name: | Northwest Registered Ag | ent LLC | | |
| Office Address: | 7901 4th St N ST | ,, | | |
| | St. Petersburg | Florida 33702 | | |

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.



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: Title or Capacity: Name: Miguel Robb Manager Manager Name: Manager Address: 7417 Mai Tai Dr ☐ Member Address: ______ Member Orlando FL 32822 Authorized Authorized Person Person Other_____ Other____ Other_ Other_ Manager Manager Manager Address: ______ Address: Member Member Authorized Authorized Person Person Other_____ Other_ Other____ Other_ Name: Manager Manager Manager Address: ______ Member 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 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. Morgan Noble

I yped or printed name of signee

STATE OF NEBRASKA

United States of America, }:
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

MIGUEL ROBB TRANSPORTATION, L.L.C.

was duly formed under the laws of Nebraska on December 6, 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

February 15, 2022

When Asmer

Secretary of State