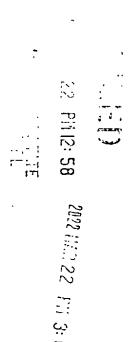
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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Certified Copies Certificates of Status						
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Special Instructions to Filing Officer;						

Office Use Only



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S. HAWKES MAR - = 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION : COST LIMIT : \$ 125.00 ORDER DATE: March 21, 2022 ORDER TIME : 2:15 PM ORDER NO. : 564672-025 CUSTOMER NO: 7148219 FOREIGN FILINGS NAME: FIDELITONE LAST MILE OPERATING COMPANY, LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

EXAMINER: _____

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

TO:

Registration Section

DIV	ision of Corporations Fidelitone Last Mile Operating Compa	ny, LLC
SUBJECT:	National Last Mile Operating Compar	Same of Limited Liability Company
	d "Application by Foreign Limited Liabil	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please return	all correspondence concerning this matt	ter to the following:
	Lynn Dahlman	
		Name of Person
	Buckley Fine, LLC	
		Firm/Company
	201 S. Grove Ave., 4th Fl.	
		Address
	Barrington, IL 60010	
		City/State and Zip Code
	E-mail address: (t	o be used for future annual report notification)
For further in	nformation concerning this matter, please	e call:
Lyr	nn Dahlman	847 852-1149 at ()
	Name of Contact Person	at ()
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
Plea	losed is a check for the following amounts make check payable to: FLORIDA IS 125.00 Filing Fee	DEPARTMENT OF STATE

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

IN COMPLIANCE WITH SECTION 005,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS INTHE STATE OF FLORIDA:

	perating Company, LLC				
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability Company," "L	L.C.," or "L.L.C.")		_
(If name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alternate name on	ist include "Limited Liabil	hty Company," "L.L.C," o	·"LLC.")
Delaware		3			
2. (Jurisdiction under the law of w	3	(FEI number, if applicable)			
4.					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration) ine penalty hability)		 -	
1260 Karl Court					
5. (Street Address of Principal Office)		6. (Mailing 2	Address)		_
Wauconda, IL 60084					
-		<u> </u>	-		_
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		· <u>च</u>	• .
				(-)	
Manan	Corporation Service Company			; 2	, [4 ,
Name:					رسمة. العسا
Office Address:	1201 Hays Street			57.78 57.78	1
	Tallaha sa		22201	m o	,
	Tallahassee	, Flor			
	(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.

Cliffy Criffic (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: Name: Ross T. Hudson Name: Robert J. Johnson ■ Manager Manager Address: 1260 Karl Court Address: 1260 Karl Court □Member □ Member Wauconda, IL 60084 Wauconda, IL 60084 □ Authorized ☐ Authorized Person Person □Other □Other____ Other Other__ □Manager Name: ____ □ Manager Name: □Member □Member Address: Address: ☐ Authorized ☐ Authorized Person Person □Other □Other □Other □Other ___ □Manager Name: □Manager Name: _____ □Member Address: _ _ ____ □Member Address: ☐ Authorized ☐ Authorized Person Person □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. Signature of an authorized person

Typed or printed name of signee

Robert J. Johnson, Manager



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FIDELITONE LAST MILE OPERATING

COMPANY, 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-FIRST DAY OF

MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIDELITONE LAST MILE OPERATING COMPANY, LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2021.

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

TAYS OF THE PARTY OF THE PARTY

Authentication: 202964574

Date: 03-21-22