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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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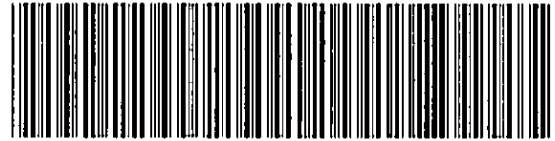
(Business Entity Name)

(Document Number)

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2022 MAY -6 PM 3:57

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OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MAY 09 2022
K. Brumbley

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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LLC

1. TOTE SERVICES, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**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. TOTE SERVICES, I.L.C
(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. 13-2835366
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/31/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10401 Deerwood Park Blvd. 6. 10401 Deerwood Park Blvd.
(Street Address of Principal Office) (Mailing Address)
Jacksonville, FL 32256 Jacksonville, FL 32256

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

Name: Registered Agent Solutions, Inc.
Office Address: 155 Office Plaza Dr. Suite A
Tallahassee, Florida 32301
(City) (Zip code)

2022 MAY -6 PM 3:57
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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.

 Adam Saldana, Asst. 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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Jeff Dixon

☐ Member Address: 10401 Deerwood Park Blvd.

☒ Authorized Jacksonville, FL 32256

President

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Philip Morrell

☐ Member Address: 10401 Deerwood Park Blvd.

☒ Authorized Jacksonville, FL 32256

Vice President

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jeffrey C. Tobin

☐ Member Address: 10401 Deerwood Park Blvd.

☒ Authorized Jacksonville, FL 32256

Secretary & Treasurer

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Ben Christian

☐ Member Address: 10401 Deerwood Park Blvd.

☒ Authorized Jacksonville, FL 32256

Vice President

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: John P. Marcantonio

☐ Member Address: 10401 Deerwood Park Blvd.

☒ Authorized Jacksonville, FL 32256

Vice President

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Kristin Morrison

☐ Member Address: 10401 Deerwood Park Blvd.

☒ Authorized Jacksonville, FL 32256

Assistant Treasurer

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.

DocuSigned by:

Jeffrey C. Tobin

A25069303FE2*11...

Signature of an authorized person

Jeffrey C. Tobin

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 "TOTE SERVICES, 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 FOURTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOTE SERVICES, LLC" WAS FORMED ON THE FOURTH DAY OF SEPTEMBER, A.D. 1975.

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



815921 8300

SR# 20221775323

You may verify this certificate online at 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 in a small font.

Authentication: 203343217

Date: 05-04-22