

MA2000007950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

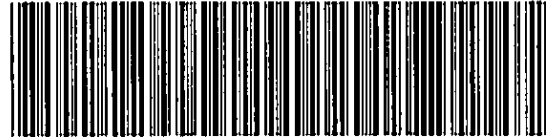
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FL 32304

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Tigers USA Global 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:

Jeika Prichard

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

Tigers USA Global Logistics, LLC

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

25 NW Point Blvd Suite 1025

\_\_\_\_\_  
Address

Elk Grove Village, IL 60007

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

Jeika.Prichard@Go2Tigers.com

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

For further information concerning this matter, please call:

Jeika Prichard

770

845-8109

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. Tigers USA Global 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. NJ 3. 22-2121823  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. January 1, 2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)


5. 25 NW Point Blvd Suite 1025 6. 25 NW Point Blvd Suite 1025  
(Street Address of Principal Office) (Mailing Address)  
Elk Grove Village, IL 60007 Elk Grove Village, IL 60007

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation 33324  
(City) (Zip code)  
Florida

**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.*

  
(Registered agent's signature)

FILED  
2022 MAY -3 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399-0001

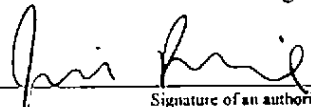
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Sebastian Tschackert	<input checked="" type="checkbox"/> Manager	Name: Jeika Prichard
<input type="checkbox"/> Member	Address: 25 Northwest Point Blvd.	<input type="checkbox"/> Member	Address: 25 Northwest Point Blvd
<input type="checkbox"/> Authorized	Suite 1025	<input checked="" type="checkbox"/> Authorized	Suite 1025
Person	Elk Grove Village, IL 60007	Person	Elk Grove Village, IL 60007
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Marco Rebuffi	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 6195 Barfield Rd.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Atlanta, GA 30328	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Manager	Name: Tahira Fumo	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 6195 Barfield Rd.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Atlanta, GA 30328	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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

Jeika Prichard

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

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**TIGERS USA GLOBAL LOGISTICS, LLC**  
0600473888

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on July 29, 2021.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

CT CORPORATION SYSTEM  
820 BEAR TAVERN ROAD  
WEST TRENTON, NJ 08628

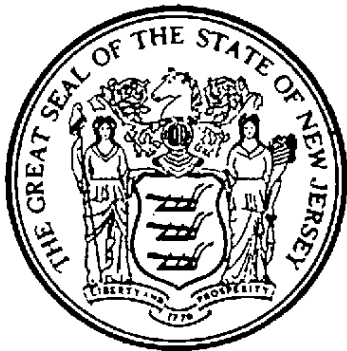
*I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:*

RESTATED

08/04/2021

MERGER

08/18/2021



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
20th day of April, 2022*

Elizabeth Maher Muoio  
State Treasurer