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AUG 23 2022 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 898513

7945229

AUTHORIZATION

COST LIMIT ://\$_125.00

ORDER DATE : August 22, 2022

ORDER TIME : 3:0 PM

ORDER NO. : 898513-020

CUSTOMER NO: 7945229

FOREIGN FILINGS

NAME: ARIES GLOBAL LOGISTICS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ___ PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

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:

ed hability company is organized) ansacted husiness in Florida, if prior to is 605,0904 & 605,0905, F.S. to determine	3	(FEI numbe	er, if applicable)	_
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registered agent: (P.O. Box	NOT accepts	ible)	202	
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(City)		, rionda(Zip code)	: ~	
of and to accept service of p	rocess for the		ability company at th	re pla
	on Service Company s Street	registered agent: (P.O. Box: <u>NOT</u> accepts on Service Company s Street	s Street	registered agent: (P.O. Box NOT acceptable) On Service Company Street Street 32301

(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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:	□Manager	Name: NTG Air & Ocean USA, Inc.
□Member	Address: 365 Franklin Avenue	XiMember	Address: 365 Franklin Avenue
■ Authorized	Franklin Square, NY 11010	□Authorized	Franklin Square, NY 11010
Person		Person	
□Other	□Other	□ Other	Other
□Manager	Name: Frank D'Ambra	□Manager	Name:
□Member	Address: 365 Franklin Avenue	□Member	Address:
□Authorized	Franklin Square, NY 11010	\square Authorized	
Person		Person	
⊠ Other_Chief Exec	utive Officer Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□ Authorized		\Box 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. 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.

Joseph Graco	08/19/2022	
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<u>Delaware</u>

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ARIES GLOBAL 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-SECOND DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARIES GLOBAL LOGISTICS, LLC" WAS FORMED ON THE SECOND DAY OF MAY, A.D. 2022.

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



Jeffrey W. Bullock, Secretary of State