10/20/22, 11:01 AM

Division of Corporations

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To:

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Fax Number : (850)617-6383

From:

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Phone Fax Number

: (323)962-8600 : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company Shellee Logistics lle

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S. ROBERTS

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To:

COVER LETTER

TO:	Registration Section Division of Corporat				
SUBJEC	Shellee Logistics	He			
		Name	of Limited Liability (Company	_
The encl Existence	losed "Application by lee, and check are subm	Foreign Limited Liability C itted to register the above re	ompany for Authoriza eferenced foreign limit	tion to Transact Business in Florida ed liability company to transact bus	," Certificate of liness in Florida.
Please re	eturn all correspondenc	ce concerning this matter to	the following:		
	Cheyenne M	toscley			
			Name of Person		
	Legalzoom.	com, Inc.			
			Firm/Company		_
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	Glendale, C.	A 91203			
		Ci	ty/State and Zip Code		_
	nted11@gmai	il.com			
		E-mail address: (to be	used for future annual	report notification)	_
For furti	her information concer	ning this matter, please call	:		
	Cheyenne Moseley		800 at (773-0888	
	Nan	ne of Contact Person	Area Code	Daytime Telephone Number	_
	MAILING ADDRES Division of Corporati Registration Section P.O. Box 6327 Tallahassee, FL 3231	ons		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
		or the following amount: syable to: FLORIDA DEP:	ARTMENT OF STA	re	
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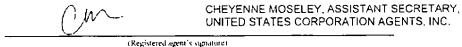
To:

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: Shellee Logistics Ile (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LI C.") (If name analyaliable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company." "L.L.C." or "LEC") 81-4806785 (harsdiction under the law of which foreign limited hability company is organized) (EEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 665-0904 & 605,0905, F.S. to determine penalty liability.) (Mailing Address) (Street Address of Principal Office) 7460 Rountree Drive 7460 Rountree Drive Riverdale, Georgia 30274 Riverdale, Georgia 30274 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) UNITED STATES CORPORATION AGENTS, INC. Name: 5575 S. Semoran Blvd., Suite 36 Office Address: Orlando

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 dutics, 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]:

Title or Capacity: Manager Member Authorized Person Other	Name and Address: Wilfrid Nelson Address: Address: Miramar, Florida 23023	Title or Capacity: Manager Member Amborized Person Other	Name and Address: Name: Shellee Nelson Address: 6736 Pansy Dr Miramar, Florida 33023
☐Manager ☐Member ☐Authorized Person ☐Other	Name	Alamager Alember Authorized Person Other	NameAddress:Other
☐Manager ☐Member ☐Authorized Person ☐Other	Name:Address	☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Name: Address: 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 \$.817.155, F.S.

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Wilfrid Nelson				
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Control Number: 16099833

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Shellee Logistics IIc
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 23772058
Date Inc/Auth/Filed: 10/18/2016
Jurisdiction : Georgia
Print Date : 10/17/2022
Form Number : 211



Brad Raffensperger

Brad Raffensperger