# 1112300001199

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

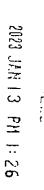
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### **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJECT:								
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 m	atter to the following:						
Jennifer Vega Name of Person								
ITS Logistics LLC Firm/Company								
Firm/Company								
	8733 Emeraldwood Way							
Address								
	Land OL	City/State and Zip Code						
City/State and Zip Code								
admin@itsllctrucks.com								
	E-mail address:	(to be used for future annual report notification)						
For fur	ther information concerning this matter, ple	ase call:						
	Jennifer Vega Name of Contact Person	at (787) 597-6936  Area Code Daytime Telephone Number						
	Mailing Address:	Street Address:						
	Registration Section	Registration Section						
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee						
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassec, FL 32303						
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\sum_{\text{S125.00}} \text{Filing Fee}   \text{S130.00} \text{Filing Fee} &   \text{S155.00} \text{Filing Fee} &   \text{S160.00 Filing Fee, Certificate} \text{Certificate of Status} \text{ Certified Copy} \text{ of Status & Certified Copy}								

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

IN COMPILANCE WITH SECTION 615.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. DMITED DABILL COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA:
1. TTS Logistics LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ITS Logistics and Investments, 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.E.C," or "LEC,")
2. New Teysey  (Fill number, if applicable)  3. 82-1438155  (FEI number, if applicable)
4. V-10-2003  (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 8733 Emeraldwood Way 6. 8733 Emeraldwood Way (Street Address of Principal Office) (Mailing Address)
(Sureri Address of Principal Office)  (Mailing Address)  Land O'Lakes, FL 34637  Land O'Lakes, FL 34637
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Jennifer Vega
Office Address: 8733 Emeraldwood Way
Land O'Lakes Florida 34637 (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 agre 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.

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]:

Member Address: 87.33 Emeral Wood Way	Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Member Address: 37.33 Ememblaced Way Member Address:    Authorized Land O' Lakes, FL 34637   Authorized	□Manager	Name: Jesus H. Ortega-Decket	□Manager	Name:	
Person         Person           Other         Other         Other             Manager         Name:           Manager             Member         Address:           Address:             Authorized           Person           Other             Other           Other           Other             Manager         Name:           Manager             Manager         Name:           Member             Address:           Jauthorized           Authorized             Person           Person           Person	Member		□Member	Address:	
Other	□Authorized	Land O' Lakes, FL 34637	□Authorized		
Manager Name: Manager Name:   Member Address: Address: Address:   Authorized Person Person   Other Other Other      Manager   Name:   Manager   Name:   Member   Address:   Authorized   Authorized   Authorized   Person	Person		Person		
□ Member Address:   □ Authorized □ Authorized   Person Person   □ Other □ Other   □ Manager Name:   □ Member Address:   □ Authorized □ Authorized   Person Person	□Other	Other	□Other		Other
□ Member Address:   □ Authorized □ Authorized   Person Person   □ Other □ Other   □ Manager Name:   □ Member Address:   □ Authorized □ Authorized   Person Person	□Manager	Name:	□Manager	Name:	
Person Person  Other Other Other Other Other  Manager Name: Manager Name: Member Address: Member Address: Authorized  Person Person Person	□Member		□Member		
□Other_ □ Manager Name: □ Member Address: □ Member Address: □ Authorized □ Authorized □ Person □ Person □ Person □ Name: □Other_ □Oth	□Authorized		□Authorized		
☐ Manager         Name:	Person		Person		
□ Member         Address:	□Other	□Other	□Other		□Other
□ Member         Address:					
Person Person Person	□Manager	Name:	□Manager	Name:	
Person Person	□Member	Address:	□Member	Address:	
	□Authorized	<del></del>	□Authorized	<del></del>	
□Other □Other □Other □Other	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.

Signature of an authorized person

Jesus M. Orlega - Declet

Typed or printed name at signee

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### 1TS LOGISTICS LLC 0450165629

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 May 05, 2017.

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:

JENNIFER VEGA 7235 BOULEVARD AVE PENNSAUKEN, NJ 08110



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of January, 2023

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6139211032

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp