

M23000006945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

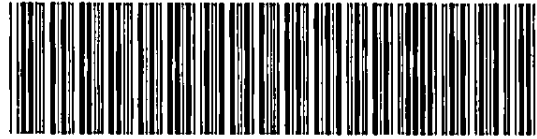
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 31 2023

K. Brumbley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 773085 8384787
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : May 26, 2023
ORDER TIME : 8:06 AM
ORDER NO. : 773085-005
CUSTOMER NO: 8384787

FOREIGN FILINGS

NAME: SYNC TRANSPORT LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

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. SYNC TRANSPORT LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SYNC TRANSPORT RBI 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 10801 NW 97TH ST. (Street Address of Principal Office)
SUITE 9
MEDLEY, FL 33178

6. 10801 NW 97TH ST. (Mailing Address)
SUITE 9
MEDLEY, FL 33178

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

Name: REVOLUTION BRANDS INTERNATIONAL, LLC
Office Address: 10801 NW 97TH ST. SUITE 9
MEDLEY, Florida 33178
(City) (Zip code)

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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.

FUCSM

(Registered agent's signature)

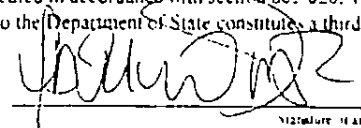
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total)

<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	FEDERICO RDANEIA	_____	<input checked="" type="checkbox"/> Manager	Name	MAURICIO DIAZ	_____
<input type="checkbox"/> Member	Address	10801 NW 97TH ST	_____	<input type="checkbox"/> Member	Address	10801 NW 97TH ST	_____
<input type="checkbox"/> Authorized Person		SUITE 9	_____	<input type="checkbox"/> Authorized Person		SUITE 9	_____
		MEDLEY, FL 33173	_____			MEDLEY, FL 33173	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name	_____	_____	<input type="checkbox"/> Manager	Name	_____	_____
<input type="checkbox"/> Member	Address	_____	_____	<input type="checkbox"/> Member	Address	_____	_____
<input type="checkbox"/> Authorized Person		_____	_____	<input type="checkbox"/> Authorized Person		_____	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name	_____	_____	<input type="checkbox"/> Manager	Name	_____	_____
<input type="checkbox"/> Member	Address	_____	_____	<input type="checkbox"/> Member	Address	_____	_____
<input type="checkbox"/> Authorized Person		_____	_____	<input type="checkbox"/> Authorized 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
 MAURICIO DIAZ

Type or print name of signer

Delaware

Page 1


The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SYNC TRANSPORT 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-SIXTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SYNC TRANSPORT LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State

7471696 8300

SR# 20232450444

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203435839

Date: 05-26-23