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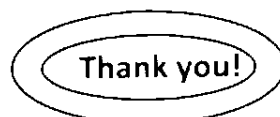
Name:	DIVERSE LOGISTICS & DISTRIBUTION, LLC
Document #:	
Order #:	14973186

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Amount: \$ **155.00**



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diverse Logistics & Distribution, 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:

Joan Donovan

Name of Person

Benesch, Friedlander, Coplan & Aronoff LLP

Firm/Company

71 S. Wacker Drive, Suite 1600

Address

Chicago, IL 60606

City/State and Zip Code

jdonovan@beneschlaw.com

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

For further information concerning this matter, please call:

Joan Donovan

312

506-3422

Name of Contact Person

at ()

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. Diverse Logistics & Distribution, 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 5909 Hampton Oaks Parkway, Suite D
(Street Address of Principal Office)

6. 5909 Hampton Oaks Parkway, Suite D
(Mailing Address)

Tampa, FL 33610

Tampa, FL 33610

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, Florida 33324
(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 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.

Stephanie Hencz

Stephanie Hencz
Assistant Secretary

(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FL.

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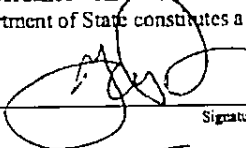
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Diverse Logistics Holdings, LLC</u>	<input type="checkbox"/> Manager	Name: <u>John Ruskai</u>
<input checked="" type="checkbox"/> Member	Address: <u>5909 Hampton Oaks Parkway</u>	<input type="checkbox"/> Member	Address: <u>5909 Hampton Oaks Parkway</u>
<input type="checkbox"/> Authorized	Suite D	<input type="checkbox"/> Authorized	Suite D
Person	Tampa, FL 33610	Person	Tampa, FL 33610
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Jeremy Leneberg</u>	<input type="checkbox"/> Manager	Name: <u>Victor Mraz</u>
<input type="checkbox"/> Member	Address: <u>5909 Hampton Oaks Parkway</u>	<input type="checkbox"/> Member	Address: <u>5909 Hampton Oaks Parkway</u>
<input type="checkbox"/> Authorized	Suite D	<input type="checkbox"/> Authorized	Suite D
Person	Tampa, FL 33610	Person	Tampa, FL 330
<input checked="" type="checkbox"/> Other <u>Chief Tech. Ofc.</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>COO</u>	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Bernie Skerkowski</u>	<input type="checkbox"/> Manager	Name: <u>Seth Wilson</u>
<input type="checkbox"/> Member	Address: <u>5909 Hampton Oaks Parkway</u>	<input type="checkbox"/> Member	Address: <u>5909 Hampton Oaks Parkway</u>
<input type="checkbox"/> Authorized	Suite D	<input type="checkbox"/> Authorized	Suite D
Person	Tampa, FL 33610	Person	Tampa, FL 33610
<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<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
John Ruskai

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DIVERSE LOGISTICS & DISTRIBUTION, 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 SEVENTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIVERSE LOGISTICS & DISTRIBUTION, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF MAY, A.D. 2023.

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



7322427 8300

SR# 20232689461

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203501060

Date: 06-07-23