M230001567/

(Requestor's Name)
(Address)
(Address)
(City/Chat-17i-/Dhana 40
(Öity/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Endry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



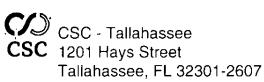
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2023 DEC 14 PH 1:59

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850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations

From: Eyliena Baker

Ext: 61594 Date: 12/14/23 Order #: 1339425-2

Re: Transportation Resource Management LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

auth

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Division of Corporations	
TRANSPORTATION RESOURCE N	MANAGEMENT, LLC
	ame of Limited Liability Company
	ity Company for Authorization to Transact Business in Florida." Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter	er to the following:
CARA SWANK	
	Name of Person
TRANSPORTATION RESOURCE	CE MANAGEMENT LLC
	Firm/Company
4950 TRIGGS ST.	
	Address
COMMERCE, CA 90022	
-	City/State and Zip Code
TAXFILING@TCILOGISTICS.CO	DM .
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please	call:
CARA SWANK	323 269-3033 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
Enclosed is a check for the following amount Please make check payable to: FLORIDA D \$125.00 Filing Fee \$130.00 Filing Certification	PEPARTMENT OF STATE

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. (Name of Foreign I	Limited Liability Company; must include "Limited I	Liability Co	ompany," "L.L.C" or "LLC.")	*****		
			1 July 1 July 1			
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori			pany, L.L.C. of LLC.)		
NEVADA		93-4187760				
(Jurisdiction under the law of which foreign limited liability company is organized to the law of which foreign limited liability company is organized.)		ν· 	(FEI number, if applic	(FEI number, if applicable)		
J	(Date first transacted business in Florida of prior to re-	gistration)		-		
	(Date first transacted business in Florida, if prior to re; (See sections 605.0904 & 605.0905, F.S. to determine	penalty link	oility)			
4950 TRIGGS ST.		6				
). Street Address of Principal Office)		o	(Mailing Address)			
COMMERCE, CA 90	022					
			<u></u>			
		NOW		73 C		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acc	ceptable) -			
			∤*, -	三一一		
Name	Corporation Service Company		•	- ESE		
Name:				==		
0.07	1201 Hays Street		•	: : 5		
Office Address:			 -	59		
	Tallahassee		32301			
	(City)		Florida (Zip code)			
Registered agent's accep	dance: gistered agent and to accept service of pr	rocess fo	r the above stated limited liability	company at the plac		
lesionated in this annlica	tion. I hereby accept the appointment as	registere	ed agent and agree to act in this c	apacity. I further ag		
o comply with the provisi	ions of all statutes relative to the proper o	i <u>nd com</u> j	plete performance of my duties, a	nd I am familiar wit		
ind accept the obligation.	s of my position as registered agent. Corporation Service Company	۲.,	lima Bohore			
	By:	$\mathcal{O}_{\mathcal{I}}$	Assistant Vice President			
	(Registered agent's st	enature)	3333444 1 1 1 1 3 1 1 1 1 1 1 1 1 1 1 1			

	Name and Address:	Title or Capaci	<u>ty:</u>	Name and Address
■Manager	Name: RYAN T. FLYNN	_ □Manager	Name:	
□Member	Address: 4950 TRIGGS ST.	_ □Member	Address: _	
□Authorized	COMMERCE, CA 90022	_		
Person		_ Person		
Other	Other	□Other		□Other
∃Manager	Name:	Manager	Name:	
∃Member	Address:	_ □Member	Address: _	
]Authorized		□Authorized		
Person		Person		
Other	Other	Other		□Other
Manager	Name:	_ □Manager	Name:	
Member	Address:	□Member	Address:	
Authorized		□ Authorized		
Person		Person		
Other	Other	□Other		□Other

Typed or printed name of signee

RYAN T. FLYNN, MANAGER

Signature of an authorized person

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Transportation Resource Management LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 10/27/2023, and is in good standing in this state.



Certificate Number: B202311154118679

You may verify this certificate online at http://www.nysos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 11/15/2023.

VHqulan

FRANCISCO V. AGUILAR Secretary of State