

M240000000729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

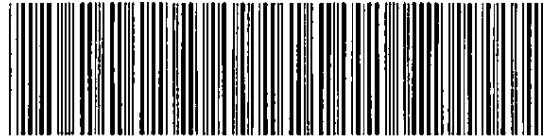
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000097549

Office Use Only



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06/29/23--01026--004 **160.00

2024 JAN 23 AM 11:57

RECEIVED
AND
FILED

JAN 23 2024
K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2023

LUKE MARTIN
PO BOX 367
MOUNTAIN GROVE, MO 65711 US

SUBJECT: LZ LOGISTICS, LLC
Ref. Number: W23000097549

We have received your document for LZ LOGISTICS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 823A00015834

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LZ Logistics, 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:

Luke Martin

Name of Person

LZ Logistics, LLC

Firm/Company

PO Box 367

Address

Mountain Grove, Missouri 65711

City/State and Zip Code

lz@lz-logistics.com

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

For further information concerning this matter, please call:

Erin Wells

417

379-1665

at (_____) _____

Name of Contact Person

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

LZ Logistics FL, 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. Missouri 3. 83-3226392
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 11125 Stave Mill Rd 6. PO Box 367
(Street Address of Principal Office) (Mailing Address)

Mountain Grove, MO 65711 Mountain Grove, MO 65711

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

Name: David Roberts
Office Address: 7901 4th St. N, STE 4000
St. Petersburg 33702
(City) , Florida (Zip code)

2024 JAN 23 AM 11:57

APPROVED
AND
FILED

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.

[Signature]
(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]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Luke Martin

☒ Member Address: 4305 Mt. Zion Rd.

☐ Authorized Mountain Grove, MO 65711

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jaime Kelly

☐ Member Address: PO Box 801

☒ Authorized Mountain Grove, MO 65711

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Claire Felker

☐ Member Address: 1915 Jarrett Rd

☒ Authorized Norwood, MO 65717

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Zachary Kelly

☒ Member Address: PO Box 801

☐ Authorized Mountain Grove, MO 65711

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Erin Wells

☐ Member Address: 510 East Deerfield

☒ Authorized Springfield, MO 65807

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

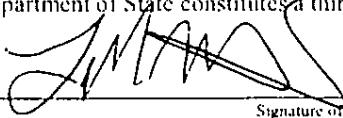
Person _____

☐ 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

Luke Martin

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

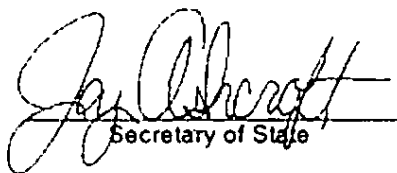
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

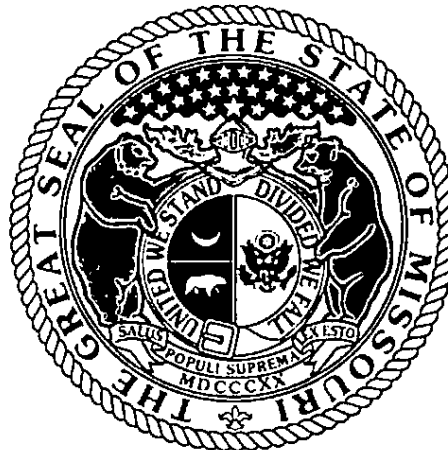
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

LZ Logistics, LLC
LC001627765

was created under the laws of this State on the 18th day of January, 2019, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 19th day of January, 2024.


Secretary of State



Certification Number: CERT-01192024-0088