

W21000002783

(Requestor's Name)

(Address)

(Address)

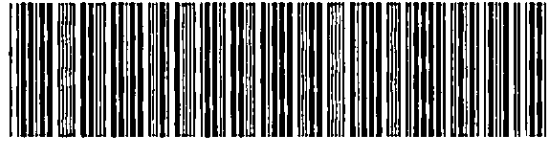
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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01/04/21--01032--007 **100.00

Special Instructions to Filing Officer:
And Reject
W 21000019170

W 210000063277

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DEPT. OF STATE

LS
3/13/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 12, 2021

JATINDER DINGH BAINS
555 NE 15TH STREET
PENTHOUSE-C
MIAMI, FL 33132

SUBJECT: CHANNEL LOGISTICS LLC
Ref. Number: W21000019170

We have received your document for CHANNEL 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):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L19000017573.

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.

Yvette Scott
Document Specialist II

Letter Number: 521A00003240

RECEIVED
MAR 08 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANNEL 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:

JATINDER SINGH BAINS

Name of Person

CHANNEL LOGISTICS, LLC

Firm/Company

555 NE 15TH STREET, PENTHOUSE-C

Address

MIAMI, FLORIDA, 33132

City/State and Zip Code

JATIN@SPACE-EYES.COM

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

2021 MAR 2 PM 12:27
TALLHASSEE FL
DEPT OF STATE

FILED

For further information concerning this matter, please call:

JATINDER SINGH BAINS at (856) 397-6438
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. CHANNEL LOGISTICS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SPACE-EYES, 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. 52-2307945 (FEI number, if applicable)

4. JANUARY 1, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 888 BISCAYNE BOULEVARD (Street Address of Principal Office)
MARINABLUE, SUITE 505
MIAMI, FL 33132
6. 555 NE 15TH STREET (Mailing Address)
PENTHOUSE-C
MIAMI, FL 33132

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

Name: JATINDER SINGH BAINS

Office Address: 555 NE 15TH STREET

MIAMI, Florida 33132
(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.

(Registered agent's signature) [Handwritten signature]

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: JATINDER SINGH BAINS
 Member Address: 555 NE 15TH STREET
 Authorized PENTHOUSE-C
 Person MIAMI, FLORIDA 33132
 Other Other

Title or Capacity: Name and Address:
 Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other Other

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other Other

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SECRETARY OF STATE

Manager Name: _____
 Member Address: _____
 Authorized _____
 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
JATINDER SINGH BAINS

Typed or printed name of signee

Delaware


The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHANNEL LOGISTICS, 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 OCTOBER, A.D. 2020.

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

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SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

3372393 8300

SR# 20207702612

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

Authentication: 203816736

Date: 10-07-20