



INVOICE

BILL TO:
TRANSPORTATION MANAGEMENT SOLUTIONS
INC
18450 PINES BLVD SUTE 203
PEMBROKE PINES, FL 33029

INVOICE DATE: 02/06/2025
INVOICE #: R75856
TERMS: NET 30
DUE DATE: 03/06/2025

DATE	CUSTOMER REF#	ORIGIN - DESTINATION	QUANTITY	RATE	AMOUNT
02/03/2025		2281 Griffin Road, Fort Lauderdale, FL 33312 - 2200 Cornerstone Parkway, Suite 100, Grayslake, IL 60030			
		Freight Income	1	\$1,500.00	\$1,500.00

TOTAL
\$1,500.00

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC

P.O.BOX 205154

DALLAS, TX 75320-5154

Tel: 844-899-8092

TRANSPORTATION MANAGEMENT SOLUTIONS, INC

18450 PINES BLVD, SUITE 203
PEMBROKE PINES, FL 33029
877-547-2770

CARRIER PICKUP & DELIVERY SCHEDULE

ROYAL3 INC

FHWA#: MC944686 Telephone#:630-485-7370 Fax#: E-mail:leo.d@royal3inc.com

REFER TO THIS NUMBER FOR BILLING OR INQUIRIES==> 249353-0

Special Instructions: READ ALL NOTES!! **** GRAYSLAKE IL GATE CODE : " 57830# ' 1 - NO REEFERS!
2 -LUMPER OF \$190 REQUIRED AT DELIVERY MKN (MCKESON LOCATION ONLY). CARRIER IS RESPONSIBLE
FOR THE LUMPER AND TMS WILL REIMBURSE WITH RECEIPT 3 - MUST BE ON TIME FOR DELIVERY!! \$150
CHARGE BACK TO THE CARRIER FOR NO CALL/NO SHOW ON APPOINTMENT PER STOP.4 - MISSED DELIVERY
APPOINTMENT IS SUBJECT TO FIRST AVAILABLE APPOINTMENT TO BE RESCHEDULED AT THE RECEIVERS
DISCRETION 5- ***FOR DELIVERY AT HENRY SHEIN INDIANAPOLIS, INDIANA ONLY** : DRIVER WILL
CHECK IN WITH RECEIVING AT 5315 W. 74TH. BASED UPON CHECK IN THE RECEIVER MAY ASK THE DRIVER
TO BACK UP TO DOOR ASSIGNED AT 5445 GUION RD
Equipment Required: VAN - 53' Total Load Value: \$ 100,000

PICKUP [1]: QMED CORPORATION

2281 GRIFFIN ROAD
FORT LAUDERDALE, FL 33312

954-316-1212 Ext: 154 Contact: NICHOLAS

954-316-1212 Contact: JONATHAN TAFUR

Date: 02/03/2025 - Commodity: MEDICAL SUPPLIES

Time: 8:00 AM - 2:00 PM P.O.#: 4518258556, 4518258399 B/L#: ME/JEF + ME/GRY

Appointment Required: Y Appointment #: 249353-0 SET BY:

Value: \$ 100,000 Weight: 30000

Pallet Exchange: Quantity: 0 Driver Load:

Length/Width/Height: 0' 0" x 0' 0" x 0' 0"

Temperature Controlled: ___ to ___ degrees Fahrenheit

FROM I-95 NB:

1. EXIT 23 FOR GRIFFIN RD
2. KEEP LEFT & TURN LEFT AT FL-818/GRIFFIN RD
3. DESTINATION WILL BE ON YOUR RIGHT 0.6 MILES DOWN THE ROAD

WHITE BUILDING

***** DRIVER MUST FAX OVER A POD ASAP ONCE LOAD DELIVERS..... *****

Delivery [2]: MEDLINE - ME/JEF

251 HILTON DR
JEFFERSONVILLE, IN 47130

812-256-2199 Contact: EMAIL W SPEADSHEET

Contact:

Date: 02/05/2025 - Commodity: Miles: 1011

Time: 10:00 AM - P.O.#: 4518258556

Appointment Required: Y Appointment #: 3146851 Set By: EMAILED.

Value: UNDECLARED

Pallet Exchange: Quantity: 0 Unload:

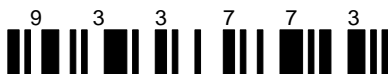
Delivery [3]: MEDLINE - ME/GRY

2200 CORNERSTONE PARKWAY
SUITE 100

GRAYSLAKE, IL 60030

224-937-7166 Contact: DEL APPTS W SPREADSHEET

02/03/2025 11:16 AM AJM



Page 1 of 2

Contact:

Date: 02/06/2025 - Commodity: Miles: 332
Time: 3:00 AM - P.O.#: 4518258399
Appointment Required: Y Appointment #: 3146913 Set By: EMAILED.
Value: UNDECLARED
Pallet Exchange: Quantity: 0 Unload:

<<< BILL-TO & CONTACT INFORMATION >>> TRANSPORTATION MANAGEMENT
SOLUTIONS, INC

18450 PINES BLVD, SUITE 203
PEMBROKE PINES, FL 33029
Telephone: 954-433-2900 Ext: 731 Contact: Andrew J. Magill
Fax#: 954-433-4455

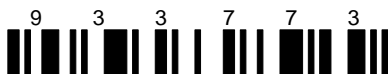
COMMENTS

RATE IS FOR DOOR TO DOOR SERVICE AND INCLUDES FUEL SURCHARGE - MUST PICKUP AND DELIVER AS
PER OUR INSTRUCTIONS.

CARRIERS ARE REQUIRED TO PROVIDE TMS WITH DRIVERS LOCATION TWICE DAILY WHILE THE DRIVER IS
EN-ROUTE. UPDATES SHOULD OCCUR BEFORE 10 AM AND 4PM.

CARRIER AGREES TO FOLLOW CDC GUIDLINES TO PREVENT SPREAD OF COVID-19

DRIVER MUST FAX POD ASAP 954-433-4455



TRANSPORTATION MANAGEMENT SOLUTIONS, INC

18450 PINES BLVD, SUITE 203
PEMBROKE PINES, FL 33029
877-547-2770

CONFIRMATION OF TARIFF VERBAL RATE AGREEMENT

Pursuant to our verbal agreement of 02/03/2025, between Andrew J. Magill of **TRANSPORTATION MANAGEMENT SOLUTIONS, INC**, hereafter referred to as **BROKER**, and LEO DJORDJEVIC of **ROYAL3 INC**, hereafter referred to as **Common Carrier**:

Both parties agree that **BROKERS** reference number **249353-0**, moving on **02/03/2025**, from **FORT LAUDERDALE, FL** to **GRAYSLAKE, IL** (number of intermediate stops shown below), will move at the following rate:

1	FLAT RATE	1,450.0000	\$ 1,450.00
1	STOPS BILLED @ a rate per STOP of	50.0000	\$ 50.00

TOTAL:			\$ 1,500.00

This confirmation governs the movement of the above-referenced freight as of the date specified and hereby amends, is incorporated by reference and becomes a part of that certain Transportation Contract by and between "BROKER" and "Common Carrier". Carrier agrees to sign the Confirmation and return it to BROKER via FAX and Carrier shall be conclusively presumed to have agreed to the rates set forth hereinfor a spot market customer. By its signature below Carrier further represents and warrants that said mutually agreed upon rates are reasonable and compensatory, that the freight would not have been tendered to Carrier at higher rates, and that no shipments handled under such rates will subsequently be subject to a later claim for undercharges.

IF AGREED SERVICES ARE NOT FULFILLED, RATES ARE NEGOTIABLE.
IF DOUBLE BROKERED, AGREEMENT IS - VOID!

COMMENTS

RATE IS FOR DOOR TO DOOR SERVICE AND INCLUDES FUEL SURCHARGE - MUST PICKUP AND DELIVER AS PER OUR INSTRUCTIONS.

CARRIERS ARE REQUIRED TO PROVIDE TMS WITH DRIVERS LOCATION TWICE DAILY WHILE THE DRIVER IS EN-ROUTE. UPDATES SHOULD OCCUR BEFORE 10 AM AND 4PM.

CARRIER AGREES TO FOLLOW CDC GUIDLINES TO PREVENT SPREAD OF COVID-19

Common Ca: FHWA# MC944686
ROYAL3 INC

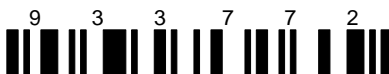
BROKER : FHWA# MC-583889
TRANSPORTATION MANAGEMENT SOLU

BY: _____
TITLE: _____
DATE: _____
PHONE: 630-485-7370 FAX#: _____

BY: Andrew J. Magill
TITLE: Carrier Sales
DATE: 02/03/2025
PHONE: 954-433-2900 Ext: 731 FAX#: 954-433-4455

E-MAIL: _____
TRK#: 756 TRL#: W94961
DRIVER 1: EDDYCHEL DRIVER CELL: 305-315-6885
DRIVER 2: DRIVER CELL: _____

E-MAIL: andrew.magill@tms-transportation.com



BILL OF LADING

- Delivery Appointment Required -

169

SHIPPER Q-Med Corporation 2281 Griffin Road Fort Lauderdale, FL 33312	SEAL NO: A660430 PRO NO: 249353-0. LOAD NO:
BILL TO Q-Med Corporation 2281 Griffin Road Fort Lauderdale, FL 33312	CONSIGNEE Medline Industries/Distribution 251 Hilton Drive Jeffersonville, IN 47130 Tel: (812) 256-2199

MEDLINE INDUSTRIES
 DROP DATE
 SEAL NUMBER
 IN LOAD DATE
 # OF PIECES RCVD
 # OF PALLETS RCVD
 Short Over Damaged
 STRAPPING INTACT Yes/No
 Signs for Pieces AND Pallets

FREIGHT CHARGES ARE PREPAID unless marked ☐ Check box if

PO NUMBERS - INVOICE NUMBERS
 4518257179 - ME/JEF#557, 4518258556 - ME/JEF#558

***HM** **PACKING LIST IS ON THE LAST SKID** **LOADER INITIALS** _____

No. Pallets	Kind of Packing, Description of Articles, Special Marks and	NMFC Item#	Weight
9	Medical Supplies CLASS-70	56828-09	3.420

1 ST STOP

RECEIVED, subject to individually determined rates or written contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to rates, classifications and rules that have been established by the carrier and are available to the shipper, on request.

The property described above is in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined, as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery of said destination, if on its route, otherwise to deliver to another carrier on the route to said destination.

It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled/placarded and are in all respects in proper condition for transport according to applicable international and national government regulations.

MARK "X" to designate Hazardous Materials as defined in DOT Regulations.

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent document in the vehicle.

SHIPPER Q-Med Corporation	CARRIER
AUTHORIZED SIGNATURE 	AUTHORIZED SIGNATURE
DATE 2-3-25	DATE
HM EMERGENCY PHONE NO.	TRAILER NO. STOP NO. HANDLING UNITS/
CARRIER NAME	DRIVER NAME
CARRIER PHONE NUMBER	DRIVER PHONE NUMBER

Short 1 Skid

BILL OF LADING

- Delivery Appointment Required -

#165

SHIPPER Q-Med Corporation 2281 Griffin Road Fort Lauderdale, FL 33312	SEAL NO: A658103 PRO NO: 249353-0 LOAD NO:
BILL TO Q-Med Corporation 2281 Griffin Road Fort Lauderdale, FL 33312	CONSIGNEE Medline Industries/Distribution 2200 Cornerstone Parkway Suite 100 Grayslake, IL 60030 Tel: (224) 327-8800
FREIGHT CHARGES ARE PREPAID - unless marked <input type="checkbox"/> Check box if	

PO NUMBERS - INVOICE NUMBERS 4518242387 - ME/GRY#526, 4518258399 - ME/GRY#527

*HM	PACKING LIST IS ON THE LAST SKID	LOADER INITIALS _____
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No. Pallets	Kind of Packing, Description of Articles, Special Marks and	NMFC Item#	Weight
19	Medical Supplies CLASS-70	56828-09	13.824

2ND STOP

RECEIVED, subject to individually determined rates or written contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to rates, classifications and rules that have been established by the carrier and are available to the shipper, on request.	
The property described above is in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined, as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery of said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time in or on any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.	<div style="border: 1px solid black; padding: 2px; font-weight: bold; text-align: center;">MEDLINE INDUSTRIES</div> DROP DATE 2-6-25 UNLOAD DATE 2-6-25 643
I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are clearly packed, marked and labeled/placarded and are in all respects in proper condition for transport according to applicable international or pieces of regulations.	

*** MARK "X" to designate Hazardous Materials as defined in DOT Regulations**

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent document in the vehicle.
SHIPPER Q-Med Corporation	CARRIER
AUTHORIZED SIGNATURE <i>JTA</i>	AUTHORIZED SIGNATURE <i>[Signature]</i>
DATE 2-3-25	DATE [Blank]
HM EMERGENCY PHONE NO.	TRAILER NO.
CARRIER NAME	DRIVER NAME
CARRIER PHONE NUMBER	DRIVER PHONE NUMBER