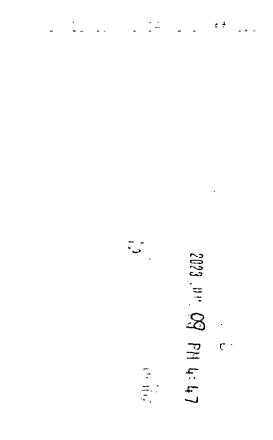
# F2300003491

(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:

Office Use Only



600408359896



T. LEMIEUX

JUN 1 3 2023

#### **COVER LETTER**

TO:	Registration Section Division of Corporate					
SUR.	JECT: GTR EXPRE	SS INC				
0.010		Name of corporat	ion - mu	st include suffix	<del> </del>	
Dear S	Sir or Madam:					
"Certi	ficate of Existence,"	by Foreign Corporation ( or "Certificate of Good S orporation to transact bus	tanding`	and check are sub		
Please	return all correspon-	dence concerning this ma	ter to th	e following:		
Tomas	s Cepas					
		Name	of Perso	n		
GTR c	express inc					
		Firm/C	ompany			
28077	captiva shell loop					
		Ac	dress			
bonita	springs, fl 34135					
		City/Stat	e and Zi	p code		
gtrexp	ressinc@gmail.com					
		E-mail address: (to be use	d for fu	ture annual report r	otification)	
For fu	rther information cor	cerning this matter, pleas	e call:			
tomas	Name of Person at (331 ) 4654792  Area Code Daytime Telephone Number					
	Name of Person	Area C	ode	Daytime Telepl	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please	· •	: FLORIDA DEPARTME			□ coz co c'' c	
<b>■</b> \$/(	0.00 Filing Fee	3 \$78.75 Filing Fee & Certificate of Status		.75 Filing Fee & tified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	





May 25, 2023

TOMAS CEPAS 28077 CAPTIVA SHELL LOOP BONITA SPRINGS, FL 34135

SUBJECT: GTR EXPRESS INC Ref. Number: W23000075024

We have received your document for GTR EXPRESS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 923A00012034

RECEIVED
JUN 0 9 2023

4

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

GTR express inc		_						
"Inc.," "Co.," "C	orporation; must include "INCORPORATED, orp." "Inc." "Co," or "Corp.")							
6	TR EXPRESS FL	INC						
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)								
State or country under the law of which it is incorporated)   27-4607068   (FEI number, if applicable)								
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)						
03/2008	5							
(Date	of incorporation)	(Date of duration, if other than perpetual)						
		n Florida, if prior to registration) 502, F.S., to determine penalty liability	/)					
20550 south La g	range rd ste 3Frankfort, IL 60423							
·		ce street address)						
28077 captiva she	ell loop, bonita springs fl 34135							
	(Current mailin	g address, if different)						
Name and street Name:	et address of Florida registered agent: (P.C. Tomas Cepas	. Box NOT acceptable) , Florida  , Florida   (Zip code)  ce of process for the above stated	2023					
ffice Address:	28077 captiva shell loop		( <u>;</u>					
	bonita springs	, Florida <sup>34135</sup>	8					
	(City)	(Zip code)	PH C					
Registered age	ent's acceptance:	:	<del>.</del>					
	ed as registered agent and to accept servi	ce of process for the above stated.	:					
esignated in this	application, I hereby accept the appointn	ient as registered agent and agree	to act in this capacity					
irther agree to co	omply with the provisions of all statutes re	elative to the proper and complete	performance of my di					
na I am Jamiliar	with and accept the obligations of my po-	sition as registered agent.						
	(Registered agent's si	gnature)	<del>_</del>					
		<del></del>						
0. Attached is a o	certificate of existence duly authenticated,	not more than 90 days prior to deli	ivery of this application					
ne Department of	State, by the Secretary of State or other of	ficial having custody of corporate	records in the jurisdict					

under the law of which it is incorporated.

A. DIRECTORS				
□Chairman	Name:	□Chairman	Name:	
□ Vice Chairman	Address: 20550 south La grange rd ste 3	□Vice Chairman	Address:	
□Director	Frankfort, II. 60423	□Director		
President		□President		
□ Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	Other	<u>_</u>	Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
Other	□Other	□Other		Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:			
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Sceretary	□Treasurer	□Secretary		□Treasurer
□Other		Other		□Other
Important Notice: Undividuals may be	Ise an attachment to report more than six (6). The atta- added to the index when bling your Florida Departme	chment will be imaged ent of State Annual Re	I for reporting pur port form.	rposes only. Non-indexed
12.				
	Signature of Director of	r Officer		
The officer or direction she is aware that falls.817.155, F.S.	or signing this document (and who is listed in numbe see information submitted in a document to the Depart.	r 11 above) affirms the ment of State constitut	ithe facts stated es a third degree	herein are true and that he or felony as provided for in
13	(Typed or printed name and capacity of person	n signing ambigation)		

#### File Number

6771-495-4



## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

### Department of Business Services. I certify that

GTR EXPRESS INC.. A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 20, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of MARCH A.D. 2023.

Authentication #: 2308701370 verifiable until 03/28/2024

Authenticate at: https://www.ilsos.gov

Alexi Gianarch

SECHETARY OF STATE