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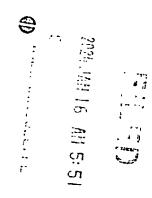
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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COVER LETTER

	stration Section ion of Corporati	ons			
SUBJECT:	Amraso Transpo	rtation Inc			
SOBJECT.		Name of corporat	ion - r	nust include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence," or	Foreign Corporation in Certificate of Good Societion to transact bus	tandir	ng" and check are subt	et Business in Florida," mitted to register the
Please return	all corresponder	ice concerning this ma	tter to	the following:	
Amer Basheer	Sabri Meqbel				
		Name	of Per	rson	
Amraso Transp	portation Inc				
		Firm/C	ompa	ny	
1235 East Blvd	I Suite E 654				
		Ac	ldress		
Charlotte, NC	28203				
		City/Stat	e and	Zip code	
amraso.muq@	gmail.com				
	E-1	nail address: (to be use	d for	future annual report n	otification)
For further in	formation conce	rning this matter, pleas	se call	:	
Syed U Zafar		305 at ()	773-0889	
Nam	e of Person	Area C	ode	Daytime Teleph	none Number
Regis Divis The C 2415	tration Section ion of Corporati Centre of Tallaha N. Monroe Street hassee, FL 3230	ons ssee et, Suite 810		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection orporations
	eck payable to: Fing Fee 💢 🤅	llowing amount: LORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$	F STATE 78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

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.

Amraso Transpo	ortation Inc		
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	_
(If name unavails	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Florida)	_
North Carolina	3.	93-3807789	
	y under the law of which it is incorporated)	(FEI number, if applicable)	_
4. 10/03/2023	5.		
	of incorporation)	(Date of duration, if other than perpetual)	
6			_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
, 1235 East Blvd S	uite E 654 Charlotte, NC 28203	, , , , , , , , , , , , , , , , , , , ,	
/·		ce street address)	-
3630	NW 854h Way P	g address, if different)	35
	V		
8. Name and stree	et address of Florida registered agent: (P.O	100	
Name:	Syed U Zafar		
Office Address:	4900 SW 74th Court	2777. JAN	6 3
	Mlami	Florida 33155	1112.43 5 - 1111.
	(City)	(Zip code)	, 14
9. Registered ago	-	ក∷ុំ ហា	
designated in this	application, I hereby accept the appointm	ce of process for the above stated corporation at the nent as registered agent and agree to act in this capa elative to the proper and complete performance of m	acity. I
	with and accept the obligations of my pos	sition as registered agent.	iy uunes
10. Attached is a		not more than 90 days prior to delivery of this applies	ation to

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	•			
□Chairman	Name: Amer Meqbel	□ Chairman	Name:	
□Vice Chairman	Address: 1235 East Blvd	□Vice Chairman	Address:	
□Director	Suite E 654	□Director		
■ President	Charlotte, NC 28203	□President		
□Vice President		□Vice President		N 100 M.
□Secretary	□Treasurer	□Secretary		□Treasurer
Other	Other	□Other		Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	·····
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		Other
□Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		Director		· · ·
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		☐ Treasurer
Other	Other	□Other		□Other
	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep		port form.	
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in ralse information submitted in a document to the I			
Amer Megbe	el			



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

AMRASO TRANSPORTATION INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 5th day of October, 2023, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of January, 2024.

Elaine J. Marshall

Secretary of State