F0400000 3536

(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	(ip/Phone #)
_	_
PICK-UP	VAIT MAIL
(Business E	intity Name)
(Document	Number)
Certified Copies Co	ertificates of Status
· <u></u>	· ——————
7	
Special Instructions to Filing Of	ficer:
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Z-WAY TRAVEL & CARGO SERVICES, INC.						
(Name of corporation - must include suffix)						
Dear Sir or Madam:						
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.						
Please return all correspondence concerning this matter to the following:						
ALEXANDER SUANSING						
ALEXANDER SUANSIN GI (Name of Person)						
2-WAY TRAVEL ? CAPPED SERVICES, INC.						
(Firm/Company)						
390 W. VASCONIA ST. ZS 0						
(Address)	***					
TAMPA FL 33 629 FT S (City/State and Zip code)	9/9/					
	1					
For further information concerning this matter, please call:						
AUEX SUMUSING at (813) 453-2485						
(Name of Person) (Area Code & Daytime Telephone Number)	,					
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Enclosed is a check for the following amount:						
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy Certified Copy						

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE REGISTER A FOR	EIGN CORPO		RANSACT.	BUSINESS II	V THE STATE		A .		
(Enter name of co	rporation; must i	include "INCOR					·	_	
, ,		• ′							
(If name unavailal	ble in Florida, en	iter alternate cor	porate name	adopted for th	ne purpose of t	ansacting busing	ess in Florida	a)	
2. \i	-HNO15		3.		363992	763 r, if applicable)	=======================================	_	
(State or country u		which it is incorp	porated)		(FEI numbe	r, if applicable)	E.C.	2	
4. DEGEME	SFR 23 of incorporation)	, 1994	5.		PERPE	TUAL	AF	量 四	
(Date of	of incorporation)			(Duration:	Year corp. will	cease to exist o	or "perpetual"	20	ŧ
6				UFIGATI		,	m _e	- IT	
		ate first transacte CTIONS 607.15				tv liability)	FLO	ë C	3
7. <u>810</u> 5	N. A	OSTIN AN	Æ , !	MORTON	GROVE	,14 6	005 <u>8</u> 5	<u>-</u> 3	
							T*		
 				*BOVF					
TRANSACT	1012 0=	Current OP	mailing add	iress) Lawfull	PURPOST	S FOR	WHICH		
OPPO PA	TION MAY	be inco	RPORAT	ED ONDA	IR THE	14401S	BUSINES	s orp	
(Purpose(s)	of corporation a	uthorized in hon	ne state or c	ountry to be ca	arried out in sta	te of Florida)		- of 19	8
9. Name and street	address of Flor	rida registered	agent: (P.0	D. Box NOT	_acceptable)			-	
Name:	AJES	KAUDER	SUNUS	SING					
Office Address:	3901	W. V	4SCONIA	<u> 8</u> T					
		TAMPA (City)		, Floric	ia 33629	7			
		(City)			(Zip code)		-	
10. Registered age Having been name			iccept servi	ice of proces	s for the abov	e stated corpo	ration at the	e place	
designated in this d further agree to co	application, I h mply with the p	ereby accept ti provisions of a	he appoint Il statutes i	ment as regis relative to the	tered agent a proper and	nd agree to ac complete perfe	ct in this cap	pacity. I	
and I am familiar i	with and accep	t the obligation	ns of my po	sition as reg	istered agent.				
	,		 \		-	•			
		MA							_
	(1	Registered agend	's signature	·		· · · · · · · · · · · · · · · · · · ·			-

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:		
Address:		
Vice Chairman:		
Address:		
Director:	ALEXANDER BUNNSING	
	3901 W. VASCONIA ST.	
	TAMPA , FL 33629	
Director:	MARY ANN PAWSON	
Address:	3915 W. MCKAY	<u> </u>
	TAMPA, FL	
B. OFFICER		
President:	BENJAMIN SUMBING	
Address:	4668 GROW ST.	PG 3 T
	SPOKIE 11 60076	ਰੂ ਹੈ ਹ
Vice President:	ZENAIDA BUANSING	RID 13
	4668 GPOVE ST.	
<u></u>	SKOKIE, IL 60076	
Secretary:	ZENADA SUMISING	
Address:	"SLOWE"	
Treasurer:	ZENATOA SUANSING	
Address:	" FROME AS ABOVE"	· — ·
NOTE: If nec	essary, you may attach an addendum to the application listing additional office	cers and/or directors.
13		
14	(Signature of Director or Officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)	
	CI VDEU OF DEHILEG BAINE AND CADACHY OF DEISON SIGNING ADDITICATION 1	1

ADDENDUM I

Director:

MARITES

SERBEKIAN

Address:

4668 GPOTE ST.

SHOKE, IL GOOTL

OL JUN 21 AM ID: 13

File Number

5812-452-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

APRIL

A.D.

2004

Desse White