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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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DEGRETARY OF STATE
ALLARASSEE, FLORIDA

T WASHINGTON

OFF 1 4 2016

COVER LETTER

TO: Registration S Division of C				
SUBJECT:	Freightr, Inc	•		
	Name of corporat	ion - must include suffix		
Dear Sir or Madam:				
"Certificate of Exister	ation by Foreign Corporation (nee," or "Certificate of Good S ign corporation to transact bus	Standing" and check are sub		
Please return all corre	spondence concerning this ma	tter to the following:		
Nicolas August				
	Name	of Person		
Freightr, Inc				
	Firm/C	ompany		
4023 Kennett F	Pike #57755			
	Ac	ldress		
Wilmington, DI	∃ 19807			
	City/Stat	e and Zip code		
nick@nickaugu:	st.com			
 	E-mail address: (to be use	ed for future annual report i	notification)	
For further information	n concerning this matter, pleas	se call:		
Nicolas August				
Name of Per	at (<u>407</u>) <u>459-4145</u> Code Daytime Telep	hone Number	
Name of Fer	Area e	ode Bayank reiep	none runaei	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for	or the following amount:			
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status &	

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.

1.	(Enter name of corporation; must include "INCORPORATED,"	PERCONADA NIAZ CONTRADA DE ACTIVANTO			-		
	"Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.")	COMPANY, CORPORATION,					
	2. p. 2. p. 2. p. ,						
	(If name unavailable in Florida, enter alternate corporate name ac	Lord of Conthe manager of transporting business	121	-i.l \			
	·		:88 m r10i	Kia)			
2.		47 - 3710461			_		
	(State or country under the law of which it is incorporated)	d) (FEI number, if applicable)					
4.	4/13/2015 5.						
	(Date of incorporation)	(Date of duration, if other than per	rpetual)				
6.	6 4/1/2016						
	(Date first transacted business in)						
	(SEE SECTIONS 607.1501 & 607.150	, , ,					
7.,	4023 Kennett Pike #57755 Wilmington, DE 19807						
	(Principa	l office address)					
	6000 Turkey Lake Rd, Orlando, F	L 32819	I-12.	=			
	(Current mailing	address, if different)	- C.	<u>ф</u>			
				CT			
8.	Name and street address of Florida registered agent: (P.O.	Box NOT acceptable)	の影響	ည်			
	Name: Nicolas T August		m P	70	m		
				ယ			
Oi	fice Address: 6000 Turkey Lake Rd Suite 2	214		PH 3: 07			
	Orlando	, Florida 32819	** ' '''	7			
	(City)	(Zip code)					
	(2),	(

9. Registered agent's acceptance:

Freightr Inc

Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Nicolas August Address: 4023 Kennet Pike #57755, Wilmington, DE 19807 Vice Chairman: Address: Director. Address: **B. OFFICERS** President: Nicolas August Address: 4023 Kennet Pike #57755, Wilmington, DE 19807 Vice President: Address: ____ Secretary: Treasurer: NOTE: If necessary, you may attach an addensum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes

a third degree felony as provided for in \$,817.155, F.S.

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FREIGHTR INC" IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINETEENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FREIGHTR INC" WAS INCORPORATED ON THE THIRTEENTH DAY OF APRIL, A.D. 2015.

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

16 OCT 13 PM 3: 07

Authentication: 203016180

Date: 09-19-16

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