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COVER LETTER

	istration Section sion of Corporations			
SUBJECT	STARLINK TRANSPOR	TATION COMPAN	ΪΥ	
		ne of corporation	- must include suffix	
Dear Sir or I	Madam:			
"Certificate	d "Application by Foreign of Existence," or "Certific nced foreign corporation to	cate of Good Stan	ding" and check are sub	
Please return	all correspondence conce	erning this matter	to the following:	
MAIKEL GC)MFZ			
		Name of F	Person	
STARLINK T	FRANSPORTATION COME	PANY		
142 Pleasant	Valley Street 190301	Firm/Com	oany	
Methuen, MA	A 01844	Addre	SS	
customerserv	ice@starlinktransportation.co	City/State an	d Zip code	
For further in	E-mail addi	,	or future annual report i	notification).
Maikel Gome	ez.	at (508	6486928	
Nan	ne of Person	Area Code	Daytime Telep	hone Number.
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		ESS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a	a check for the following a	unount:		
□ \$70.00 Fi	-	ling Fee & te of Status	\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Conv.

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.

L. STARLINK TR	ANSPORTATION COMPANY			
	orporation: must include "INCORPORATE forp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"		
STARLINK TR	ANSPORT, INC			
(If name unavail	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in Flo	orida)	
2 MASSACHUSI	EITS	3. 81-4508098		
	y under the law of which it is incorporated)	(FEI number, if applicable)		
1 11/24/2016				
(Date	of incorporation)	5. (Date of duration, if other than perpetual)	(Date of duration, if other than perpetual)	
6. N/A				
		is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)		
7. 4424 LOWER PA	ARK RD # 1105 Orlando, FL 32814			
	(Prin	ncipal office address)		
	(Current ma	illing address, if different)		
8. Name and stree	et address of Florida registered agent: (1	P.O. Box NOT acceptable)	~ 3	
Name:	Maikel Gomez		M17	
Office Address:	4424 LOWER PARK RD #1105	ASSE N		
	ORLANDO	32814	- £	
	(City)	(Zip code)		
9. Registered age	ent's accentance			
	-	rvice of process for the above stated corporation of	at the place	
designated in this	application, I hereby accept the appoin	ntment as registered agent and agree to act in this	s capacity. I	
further agree to conducties, and I am f	omply with the provisions of all statute amiliar with and accept the obligations	es relative to the proper and complete performances of my position as registered agent	e of my	
aunes, ana 1 am j	ammar win and accept the obligations	s of my position as registerea agent.		
	$\sqrt{\sim}$	#		
_	(Registere	ed agent's signature)		
10. Attached is a	certificate of existence duly authenticate	ed, not more than 90 days prior to delivery of this a	innlication to	
the Department of	State, by the Secretary of State or other	r official having custody of corporate records in the	jurisdiction	

under the law of which it is incorporated.

A. DIRECTORS

Chairman: MAIKEL GOMEZ

Address: 4424 LOWER PARK RD #1105 Orlando, FL 32814

Vice Chairman: MAIKEL GOMEZ

Address: 4424 LOWER PARK RD #1105 Orlando, FL 32814

Director: MAIKEL GOMEZ

Address: 4424 LOWER PARK RD #1105 Orlando, FL 32814

President: MAIKEL GOMEZ Address: 4424 LOWER PARK RD #1105 Orlando, FL 32814

Vice President:
MAIKEL GOMEZ

Address:
4424 LOWER PARK RD #1105 Orlando, FL 32814

Secretary:
MAIKEL GOMEZ

Address:
4424 LOWER PARK RD #1105 Orlando, FL 32814

Treasurer: MAIKEL GOMEZ

B. OFFICERS

Address: 4424 LOWER PARK RD #1105 Orlando, FL 32814

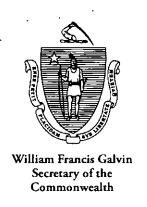
11. Names and business addresses of officers and/or directors:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. ______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 s.817.155, F.S.

13. MAIKEL GOMEZ, President and Chief Executive Officer



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: February 16, 2017

To Whom It May Concern:

I hereby certify that according to the records of this office,

STARLINK TRANSPORTATION COMPANY

commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travino Galecin

Certificate Number: 17020281630

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: