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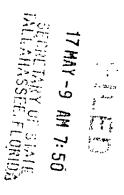
(Requestor's Name)							
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PICK-UP WAIT	MAIL						
(Business Entity Name)	· · · <u>-</u>						
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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#### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: First Class Trucking Corp.  Name of corporation - must include suffix
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," or "Certificate of Good Standing" 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:
Robert Salinas
Name of Person
First Class Trucking Corp.
First Class Trucking Corp. Firm/Company
1100 Lee Wagner Blvd, Unit 317 Address
Dania Beach, FL 33315 City/State and Zip code
City/State and Zip code
RSalinas@ 1cbs.biz
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert Salinas at (786) 338-9000.
Name of Person Area Code Daytime Telephone Number
•
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division 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  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.

1. First	Class True	Vina (	COLY.	PANY."	"CORPOR	ATION.	*		_
"The # #Co # #Co	orn " "Inc " "Co " or "Corn	117							
FL	ORIDA FIRST	- CCAS	5 MUC	KING	. WR	P			
(If name unavaila	ble in Florida, enter altern	ate corporate	name adopted	for the p	irpose of tra	nsacting	business in	Florida)	-
2. Dela	Delaurane			incorporated) 3. Sl-3381150 (FEI number, if applicable)					
(State or country	y under the law of which it	is incorpora	ted)		(FEI numbe	er, if appl	•		
40	7/26/2016 of incorporation)		5						
(Date	of incorporation)			(Date o	of duration,	if other th	nan perpetua	1)	
6	(Data Grant to		siness in Florid	. if-mlan	4 a maninemati				_
	(SEE SECTIONS						<b>v</b> )		
7.	1100	Lee 1	elagner	Blud	, Unit	317	Dania	R	333/5
		1	(Principal offic	e address	)				_
									_
		-	t mailing addre		-		<b>5</b> 7		
8. Name and stree	et address of Florida regi	stered agen	at: (P.O. Box	NOT ac	ceptable)		11. C.		i
Name:	Robert Sa	inas					MAS	OF TA	
Office Address:	1001 Ives Do	iry ed	. Ste 20	6			SEE.	•	Para San
	Mia	.ครับ		Florida	33179			7:	g - g gwenny
	(Ci	ty)	•	-	(Zip code	)		50	چ <sub>سب</sub> ربوم
9. Registered age	ent's acceptance:						il A		
Having been nam	ed as registered agent a	ind to acce	ot service of p	rocess f	or the abov	e stated	corporation	n at th	e place
further agree to c	Robert Sai Robert Sai 1001 Thes Do (Cinet's acceptance: sed as registered agent a application, I hereby a omply with the provision familiar with and accept	ccept the ap ns of all sta t the obliga	ppointment as atutes relative tions of my n	register to the p	rea agent a roper and : s registere	ina agre complet d agent	e to act in e performa	inis caj ince of	тасиу. 1 ту
unio, una i um j	umusus min umu uccept	e vongu	nons of my p		3 108.51010	50			
•		/D	istered agent's	ni omo huse					
		(KCg	isteren agent-2	eignature,	,				

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: Address: Vice Chairman: Address: Address: B. OFFICERS Address: Vice President: Address: Secretary: \_\_\_ Address: Treasurer: NOTE: If necessary, you may attach an addendum 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 s.817.155, F.S. MUSHEYER JACK (Typed or printed name and capacity of person signing application)

Page 1

## **Delaware**

#### The First State

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

DELAWARE, DO HEREBY CERTIFY "FIRST CLASS TRUCKING CORP" 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 TWENTY-THIRD DAY OF MARCH, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FIRST CLASS TRUCKING CORP" WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2016.

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

Authentication: 202250598

Date: 03-23-17

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