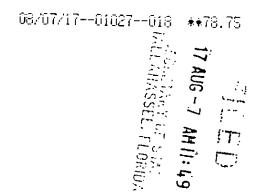
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COVER LETTER

TO: Registration Section Division of Corporations		
ROUTE 66 LOGISTICS INC.		
SUBJECT: Name of corporation	on - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact businesses."	anding" and check are submitted to register the	
Please return all correspondence concerning this mat PETER POTAPO	ter to the following:	
Name	of Person	
BIZ INC		
Firm/C	ompany	
625 W GOLF RD		
DES PLAINES IL 60016	dress	
City/State	e and Zip code	
dispatch@rt66logistics.com		
E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter, pleas	e cali:	
PIOTR POTAPO 773	777 1040 EXT 202	
Name of Person Area C		
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 & Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, 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. ROUTE 66 LOGISTICS INC. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp." "Inc." "Co." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) 81-1712424 ILLINOIS (FEI number, if applicable) 2. PERPETUAL 03/07/2016 (Date of duration, if other than perpetual) (Date of incorporation) 08/01/2017 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 851 GILLS DR. ORLANDO FL 32824 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) RAFAL GOLASZEWSKI Name: 851 GILLS DR. Office Address: ORLANDO (City) 9. Registered agent's acceptance: 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

(Registered agent's signature)

duties, and I am familiar with and accept the obligations of my position as registered agent.

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 RAFAL GOLASZEWSKI Chairman: 851 GILLS DR. Address: ORLANDO FL 32824 Vice Chainnan: RAFAL GOLASZEWSKI Director: 851 GILLS DR, ORLANDO FL 32824 Address: **B. OFFICERS** RAFAL GOLASZEWSKI President: 851 GILLS DR, ORLANDO FL 32824 Address: _ RAFAL GOLASZEWSKI Vice President: _ 851 GILLS DR. ORLANDO FL 32824 Address: ___ RAFAL GOLASZEWSKI Secretary: 851 GILLS DR, ORLANDO FL 32824 Address: _ RAFAL GOLASZEWSKI Treasurer: __ 851 GILLS DR, ORLANDO FL 32824 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.

RAFAL GOLASZEWSKI - PRESIDENT



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ROUTE 66 LOGISTICS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 07, 2016, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of AUGUST A.D. 2017 .

Authentication #: 1721302658 verifiable until 08/01/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE

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.

"Inc" "Co" "Coi	poration; must include "INCORPORATED," p. " "Inc." "Co," or "Corp.")		
	le in Florida, enter alternate corporate name	01 171 1114	
(State or country 03:07/2016	under the law of which it is incorporated)	(FEI number, if applicable) PERPETUAL	
(Date o	of incorporation) 5.	(Date of duration, if other	than perpetual)
		nal office address) ng address, if different)	
Name:	Laddress of Florida registered agent: (P. RAFAL GOLASZEWSKI 851 GILLS DR.		TAUG-1
Office Address:	ORLANDO	Florida 32824	AM III
laving been nan lesignated in this	(City) ent's acceptance: ned as registered agent and to accept set application, I hereby accept the appoin comply with the provisions of all statutes familiar with and accept the obligations	(Zip code) wice of process for the above sta tment as registered agent and a s relative to the proper and comp	olete performance of m

(Registered agent's signature)

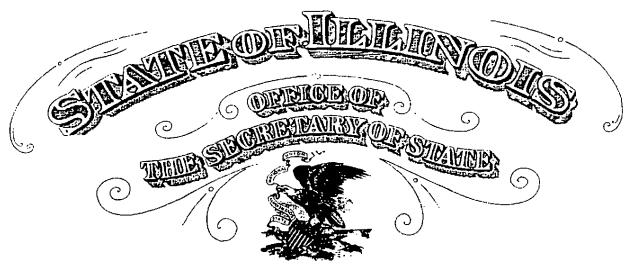
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

	851 GILLS DR.	
_	ORLANDO FL 32824	
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\ddress:		
	RAFAL GOLASZEWSKI	
Address:	851 GILLS DR, ORLANDO FL 32824	
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n dan	RAFAL GOLASZEWSKI	<u>\$</u> _\$
	851 GILLS DR, ORLANDO FL 32824	SET 2
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5	RAFAL GOLASZEWSKI	ORIGINAL CO
	851 GILLS DR, ORLANDO FL 32824	. •
Addiesa		
Carrotte	RAFAL GOLASZEWSKI	
	851 GILLS DR, ORLANDO FL 32824	
Temperar	RAFAL GOLASZEWSKI	
Addies	851 GILLS DR. ORLANDO FL 32824	
NOTE	If necessary, you may attach an addendum to the application listing additional of	fficers and/or directors.
ν.	11 necessary, you may arrest	
14	Cingature of Director or Officer	J d E - to mated barain
are in	ficer or director signing this document (and who is listed in number 11 above) affire and that he or she is aware that false information submitted in a document to the degree felony as provided for in \$.817.155, F.S.	Department of State constitute
G (1111)	AFAL GOLASZEWSKI - PRESIDENT	

File Number

7059-177-4



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Authentication #: 1721302658 verifiable until 08/01/2018 Authenticate al: http://www.cyberdriveillinois.com

SECRETARY OF STATE