F17000004375

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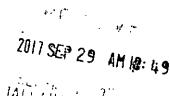
2617 SEP 29 PX 4: 12

SEP 29 2017
J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: SBD TRANSPOR	et, INC		
	n - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	nding" and check are submitted to register the		
Please return all correspondence concerning this matte	r to the following:		
BRANKICA H	ADZ/ABDIC		
SBD TRANS	PORT, WC		
Firm/Com	pany		
5691 BIDW	ELL PARKWAJ UNIT 201		
Addre	E. a		
OAKASO IA	FL 34233		
City/State an	nd Zip code		
SBDØ716 JAHOO. COM E-mail address: (to be used f			
is-iiiin address: (to be used t	or future annual report notification)		
For further information concerning this matter, please c	all:		
BRANKICA HADZIABDIC at (773	914 3126		
Name of Person Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Tallahassee, FL 32301			
Enclosed is a check for the following amount:			
★ \$70.00 Filing Fee	\$78.75 Filing Fee &		





FLORIDA DEPARTMENT OF STATE MELAHASSI, TENNEY

September 15, 2017

BRANKICA HADZIABDIC 5691 BIDWELL PARKWAY UNIT 201 SARASOTA, FL 34233

SUBJECT: SBD TRANSPORT, INC.

Ref. Number: W17000074325

We have received your document for SBD TRANSPORT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00018862

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

JISTER A FO	REIGN CORPORATION TO TI	RANSACT BU	TUTES, THE FOLLOWING IS SU SINESS IN THE STATE OF FLO	JBMITTEI RIDA.) TO
<u> 5BD</u>	TRANSPORT	INC			
Enter name of c			COMPANY," "CORPORATION,"		
inc., Co., C	orp, inc. Co. or "Corp.")				
SAMI	10 TRANSPORT				
If name unavaila	ible in Florida, enter alternate corp	orate name ad-	opted for the purpose of transacting bi	usiness in Fl	orida)
LLIN					· · · · · · · ·
(State or countr	State or country under the law of which it is incorporated) (FEI number, if applicable)				
JANU	ARY 14 2014	5.			
(Date	JANUARY 14 2014 5. (Date of incorporation) (Date of duration, if other than processing the second s		n perpetual)		
· · · · · · · · · · · · · · · · · · ·		<u></u>			
	(Date first transacted (SEE SECTIONS 607.15	1 business in F!	orida, if prior to registration) , F.S., to determine penalty liability)		
569	1 12 15 15 16	οι α 007.1302 Φ Λ Δ	, r.s., to determine penalty liability)	, C.	.
<u> </u>	4 DIDWELL	Principal	WWAJ UNIT 20 office address)	1 JA	KASO
		(1 the par	office address)		34
	(Cı	urrent mailing a	ddress, if different)		
			·		
Name and street	t address of Florida registered a	igent: (P.O. I	Box <u>NOT</u> acceptable)	····	2
Name:	BRANKICA HA	D2/ABI)(C		2617 (
C A 3.3			- `		(C) (T) (O)
ice Address:	<u> </u>	ECIPA	24WAZ UNIT 201 Florida 34233		6.2
	SARASOTA		_ , Florida <u>34233</u>	• •	70
	(City)		(Zip code)	ı	ř
Registered age	nt's acceptance:				E4
gnateu in ints t her agree to co	ippucation, I nereby accept the	e appointmen statutes rela	of process for the above stated co it as registered agent and agree to tive to the proper and complete po y position as registered agent.	act in thi	c aanaait
_	Mr Sh	ly:			
	(F	Registered agen	t's signature)		

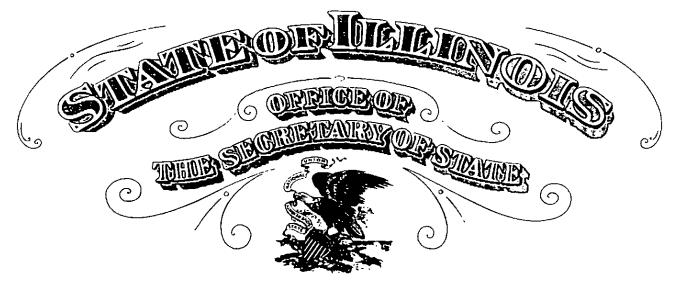
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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

A. DIRECTORS	
AChairman: BRANKICA HADZIABDIC	
Address: 5691 BIDWELL PARKWAJ UNITZO1	
Address: 5691 BIDWELL PARKWAY UNITZO1 SARASOTA FLORIDA 34233	
OVice Chairman: SAMIR HADZIABDIC	-
Address: 5691 BIDWELL PARKWAY UNIT 201	
SARASOTA FL 34233	
Director:	
Address:	
Director:	
Address:	_
B. OFFICERS	
President: BRANKICA PADZIABDIC	
•	
Address: <u>5691 BIDWELL PARLWAJ UNIT 201</u> SARASOTA FLORIDA 34233	
Wice President: SAMIR HADZIABDIC	
Address: 0691 DIDWELL MARNING VAII 201: 10 11	
SARASO TA FL. 34233	
Secretary:	
Address:	
Treasurer:	_
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12. My flo	
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 constitute.	l -
a third degree felony as provided for in s.817.155, F.S.	১
13. BRANKICA HADZIABDIC	
(Typed or printed name and capacity of person signing application)	

File Number

6938-812-4



To all to whom these Presents Shall Come, Greeting:

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

SBD TRANSPORT, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 14, 2014, 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 5TH day of SEPTEMBER A.D. 2017.

Authentication #: 1724801506 verifiable until 09/05/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE