# F18000003789

| (Re                                     | questor's Name)   |                |  |  |
|---|-------------------|----------------|--|--|
| (Ad                                     | dress)            |                |  |  |
| (Ad                                     | dress)            |                |  |  |
| (Cit                                    | y/State/Zip/Phone | #)             |  |  |
| PICK-UP                                 | WAIT              | MAIL           |  |  |
| (Bu                                     | siness Entity Nam | ne)            |  |  |
| (Do                                     | cument Number)    | _ <del>,</del> |  |  |
| Certified Copies                        | _ Certificates    | of Status      |  |  |
| Special Instructions to Filing Officer: |                   |                |  |  |
|   |                   |                |  |  |
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SECRETARY OF STATE
FALL AHASSEE. FLORIDE

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## **COVER LETTER**

| 10:          | Division of Corp                  |  |                                       |   |
|--------------|-----------------------------------|--|---------------------------------------|---|
| SUBJ         | ECT: SEM                          | 1 TRANSPORTA   | TTON IN                               | C   |
|              |                                   | Name of corporati  | on - must include suffix              |   |
| Dear S       | Sir or Madam:                     |  |                                       |   |
| "Certi       | ficate of Existence               | on by Foreign Corporation f "" or "Certificate of Good S corporation to transact bus | tanding" and check are s              |   |
| Please       | return all corresp                | ondence concerning this mat  | ter to the following:                 |   |
|              | FAIMIRE                           | - FEJZOSKI   |                                       |   |
|              |                                   | Name   | of Person                             |   |
|              | SEM TR                            | ANS PORTATION  | INC                                   |   |
|              |                                   | ANS PORTATION<br>Firm/Co   | ompany                                |   |
|              | 1507 50                           | INSET WIND A   | -00P                                  |   |
|              |                                   | Ad   | dress                                 |   |
|              | OLOSMAR                           | FLURIDA  | 34677                                 |   |
|              |                                   | FLORIDA<br>City/State  | and Zip code                          | · · · · · · · · · · · · · · · · · · ·                           |
|              | LILI. FE                          | J 205K I © YAH<br>E-mail address: (to be use   | 00. com                               |   |
|              |                                   | E-mail address: (to be use   | d for future annual repor             | t notification)   |
| For fu       | rther information (               | concerning this matter, pleas  | e call:                               |   |
| FATA         | nsre Fetz                         | 05KF 01(1773   | 574 - 884                             | 7   |
|              | Name of Persor                    | at ( 1773<br>Area C  | ode Daytime Tek                       | ephone Number   |
|              |                                   |  |                                       |   |
|              | STREET/COU Registration Sec       | RIER ADDRESS:  | MAILING<br>Registration               | ADDRESS: Section  |
|              | Division of Corp                  |  |                                       | Corporations  |
|              | Clifton Building                  |  | P.O. Box 63                           |   |
|              | 2661 Executive<br>Tallahassee, FL |  | Tallahassee.                          | FL 32314  |
| Enclos       | sed is a check for t              | he following amount:   |                                       |   |
| <b>23</b> S7 | 0.00 Filing Fee                   | ☐ \$78.75 Filing Fee & Certificate of Status   | ☐ \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |

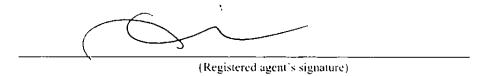
# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

|  | •                 | ted for the purpose of transacting t $45-4173196$   |                                |
|--|-------------------|---|--------------------------------|
| [State or country under the law of which it is incorporated] |                   | (FEI number, if applicable)   |                                |
| /2 - 3/- 20// (Date of incorporation)                        | 5                 | Date Sharing Sahardan and S   |                                |
| 7-1-18   |                   | (Date of duration, if other than perpetual)   |                                |
| (Date first transacted                                       | 01 & 607,1502,    | rida, if prior to registration) F.S., to determine penalty liability OLDS MAR, FL fice address) |                                |
| (C)  | urrent mailing ad | dress, if different)  | AUG 13                         |
| Name and street address of Florida registered                | agent: (P.O. Be   | ox <u>NOT</u> acceptable)   | PM 2: 41  COF STATE EE, FLORIT |
| Name: FATMIRE FEJZO  | CSKI              | _   | 2: <b>L</b>                    |
| 1  |                   |   |                                |
| office Address: 1507 SUNSET WI                               | NO LOOP           | •<br>-  |                                |

#### 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 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 Chairman: FAIMIRE FEIZUSKI Address: 1507 SUNSET WING LOOP OLOSMAR, FL 34677 Vice Chairman: ORHAN MAHMUTI Address: 1507 SUNSET WIND LOOP OLDSMAR, FL 34677 Address: **B. OFFICERS** President: FATMIRE FEJZOSKI Address: 1507 SUNSET WIND LOOP OLOSMAN FL 34677 Vice President: ORHAN MAHMUTT Address: 1507 SUNSET WIND LOOP OLDS MAR, FL 34677 Address: 1507 SUNSET WIND LOOP OLDSMAR FL 34677 Treasurer: ORHAN MAHMUTI Address: 1507 SUNSET WIND LOOP OLOSMAN 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.

### File Number

6825-190-7



## 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

SGM TRANSPORTATION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 31, 2011, 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

Authentication #: 1822002720 verifiable until 08/08/2019
Authenticate at. http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE