

FB000004197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

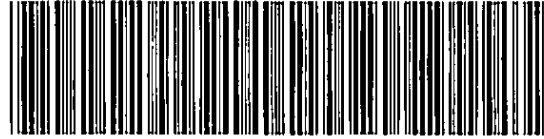
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIXON LOGISTICS INC.

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:

MARSHA SIHA

Name of Person	
INCFILE.COM LLC	
Firm/Company	
17350 State HWY 249 Suite 220	
Address	
HOUSTON TX 77379	
City/State and Zip code	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

MARSHA SIHA	at (888)	462-3453 X 701
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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & 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. NIXON LOGISTICS INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. Aug 24, 2017

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. UPON REGISTRATION

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 424 W Taylor Ave Apt 2

(Principal office address)

Wildwood, NJ 08260

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NIKOLA VUKASINOVIC

Office Address: 9800 TOUCHTON RD 133

Jacksonville

(City)

Florida 32246

(Zip code)

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.

Nikola Vukasinovic

(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:

A. DIRECTORS

Chairman: Nikola Vukasinovic

Address: 9800 TOUCHTON RD 133
Jacksonville, FL 32246

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Nikola Vukasinovic

Address: 9800 TOUCHTON RD 133
Jacksonville, FL 32246

Vice President: Nikola Vukasinovic

Address: 9800 TOUCHTON RD 133
Jacksonville, FL 32246

Secretary: Nikola Vukasinovic

Address: 9800 TOUCHTON RD 133 Jacksonville, FL 32246

Treasurer: Nikola Vukasinovic

Address: 9800 TOUCHTON RD 133 Jacksonville, FL 32246

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

12. Nikola Vukasinovic
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. Nikola Vukasinovic - President
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

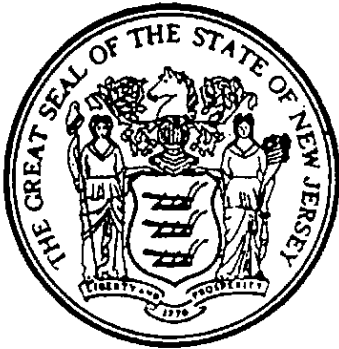
NIXON LOGISTICS INC.
0450195013

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 24, 2017.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

NIKOLA VUKASINOVIC
424 W TAYLOR AVE APT 2
WILDWOOD, NJ 08260



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
31st day of August, 2018

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6090945353

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp