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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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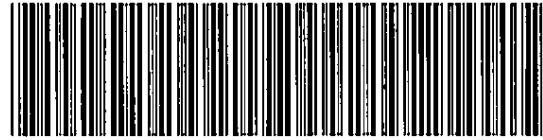
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUL 19 PM 4:52
TALLAHASSEE, FL

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JUL 29 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sose Cargo Solutions, 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:
Ryan Cipparone, Esquire

Name of Person
Cipparone & Cipparone, P.A.
Firm/Company
1525 International Parkway, Suite 1071
Address
Lake Mary, FL 32746
City/State and Zip code
rcipparone@cipparonepa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Cipparone, Esquire	at (321) 275-5914
Name of Person	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

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**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. Sose Cargo Solutions Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")

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

2. Texas 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 05/02/2017 5. 82-1446450
(Date of incorporation) (Date of duration, if other than perpetual)

6. 07/01/2019
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 11811 North Freeway, Suite 500, Houston, TX 77060
(Principal office address)

(Current mailing address, if different)

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

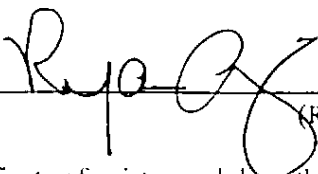
Name: Cipparone & Cipparone, P.A.

Office Address: 1525 International Parkway, Suite 1071

Lake Mary, Florida 32746
(City) (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.


(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Nima Farhadian _____

Address: 7200 Lake Ellenor Drive, Suite 107 _____
Orlando, FL 32809 _____

Vice President: _____

Address: _____

Secretary: _____

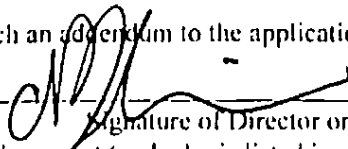
Address: _____

Treasurer: _____

Address: _____

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

12. _____



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. Nima Farhadian, President _____

(Typed or printed name and capacity of person signing application)



Office of the Secretary of State

Certificate of Fact

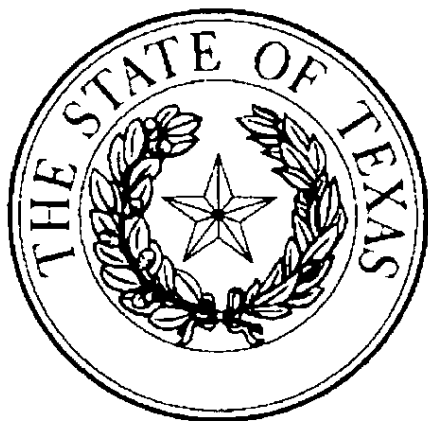
The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Sose Cargo Solutions Inc (file number 802712043), a Domestic For-Profit Corporation, was filed in this office on May 02, 2017.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate NIMA FARHADIAN as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

11811 NORTH FREEWAY
STE 500
HOUSTON, TX - 77060 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 11, 2019.



A handwritten signature in black ink, consisting of stylized initials and a long horizontal stroke.

Jose A. Esparza
Deputy Secretary of State