10000003

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





500349192875

JUL 29 2020 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 367544 3405C

AUTHORIZATION : Appelled and the control of the control o

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: ______

COVER LETTER

	gistration Section vision of Corporations			
SUBJEC"	Next Logistic Inc.			
oc by Ec.		corporation	- must include suffix	
Dear Sir or	Madam:			
"Certificate	ed "Application by Foreign Corporation Corporation of Existence," or "Certificate of the corporation to transport to the corporation to the corpor	f Good Stan	ding" and check are submi	
Please retu	rn all correspondence concernin	g this matter	to the following:	
		Name of	Person	.
		Firm/Com	pany	
		Addre	ess	
		City/State a	nd Zip code	.
	É-mail address:	(to be used f	or future annual report not	ification)
For further	information concerning this ma	tter, please o	all:	
Ankita Patel, Esq.		t (844-3029	
Na	ame of Person	Area Cod	Daytime Telepho	ne Number
Re Di Th 24	REET/COURIER ADDRESS gistration Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810 llahassee, FL 32303	i	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
	s a check for the following amount check payable to: FLORIDA DEI Filing Fee	PARTMENT Fee & [\$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.

	Edgebold, Inc	с.				
	(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Flor	rida)		
2.	Delaware	3				
4	(State or country 7/6/2020	y under the law of which it is incorporated) 5.	(FEI number, if applicable)			
••	(Date	of incorporation)	(Date of duration, if other than perpetual)	 -		
6.						
		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)			
7.	c/o Mendonca & I	Partners, 1030 Salem Road, Union, New Jersey	07083			
	1	(Principal office	street address)	*	2020	
8.	Name and stree	(Current mailing t address of Florida registered agent: (P.O.	address, if different)		== 28	٠.,
	Name:	Corporation Service Company		`# <u>#</u>). T:	1
Of	fice Address:	1201 Hays Street	49 71. 1. 1. 1.	S 5	-	_,
		Tallahassee	Florida 32301	· u	J	
		(City)	(Zip code)			
Ha des fur	iving been name signated in this other agree to co d I am familiar	application, I hereby accept the appointme imply with the provisions of all statutes reli with and accept the obligations of my positions	of process for the above stated corporation at the ent as registered agent and agree to act in this cative to the proper and complete performance ation as registered agent.	capacity	. I	
	<u>B</u>	orporation Service Company y: (Registered agent's sign	lelle Asst.	anda Rob . Vice Pre		:

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.

A. DIRECTORS							
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	Union, NJ 07083	□Director	Union, NJ 07083				
■ President		□President					
□Vice President		■Vice President					
Secretary	□Treasurer	□Secretary	■ Treasurer				
□Other	Other	Other	Other				
□ Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
Secretary	Treasurer	Secretary	□Treasurer-				
□Other	Other	Other					
			9 m (1)				
Chairman	Name:	□ Chairman	Name: 5				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	☐Treasurer	Secretary	□Treasurer				
Other	□Other	□Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.							
12. Ab- 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. AREL JOAO GOTIES BARBOJA - PRESIDENT (Typed or printed name and capacity of person signing application)							

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEXT LOGISTIC INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF JULY, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEXT LOGISTIC INC." WAS INCORPORATED ON THE SIXTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203345901

Date: 07-24-20