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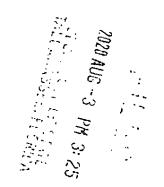
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COVER LETTER

TO:		tration Section on of Corporations						
SUBJE	ECT:	CSI CARGO INC.						
		Name (of corporation	n - must in	clude suffix			
Dear Si	r or M	adam:						
The end "Certifi above re	closed ' cate of eference	on of Corporations CSI CARGO INC. Name of the control of the con	rporation for of Good Star ansact busine	Authorizanding" and	ation to Transa I check are sub ida.	et Business in omitted to reg	n Florida	100 BONG.
Please r	return a	all correspondence concerni	ng this matter	r to the fo	llowing:		:	i,
SERGH	EI CEF	RBUSCA						<i>~</i> ∪
		·	Name of	Person		•	٦	
CSI CA	RGO II	NC.						بب رح
	_		Firm/Con	npany				
4858 US	S HWY	17-92 W		-			-	
			Addr	ress				
HAINES	S CITY	, FL 33844						
			City/State a	and Zip co	de		_	
CSICAF	RGOIN	C@GMAIL.COM						
		E-mail address	: (to be used	for future	annual report	notification)		
For furt	ther int	ormation concerning this m	atter, please o	call:				
SERGH	EI CER	RBUSCA	at (<u>331</u>	643-6	777			
	Name	e of Person	Area Cod	le	Daytime Telep	hone Numbe	r	
	Regist Divisi The C 2415	CET/COURIER ADDRESS tration Section on of Corporations lentre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7		
	iake ch	check for the following amore ceck payable to: FLORIDA DI ng Fee \$78.75 Filin Certificate of	E PARTMENT g Fee & - [□ \$78.75	TE Filing Fee & ed Copy	Certifi	Filing I licate of S lied Copy	Status &

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.

(If name unavaila	ıble in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida)		
IL	3	42-2956555		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
08/10/2011	5	j.		
(Date of incorporation)		5(Date of duration, if other than perpetual)		
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
858 US HWY 17	7-92 W. HAINES CITY, FL 33844	16		
	(Principal of	ffice street address)		
		ing address, if different)		
Name and <u>stree</u> Name:	et address of Florida registered agent: (P. SERGHEI CERBUSCA	ing address, if different) O. Box NOT acceptable)		
fice Address:	4858 US HWY 17-92 W			
	HAINES CITY	, Florida 33844 (Zip code)		
	(City)	(Zip code)		

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 ION POPA □ Chairman □Chairman Name: _____ 4858 US HWY 17-92 W ☐ Vice Chairman Address: □Vice Chairman Address: HAINES CITY, FL 33844 ☐ Director Director President ☐ President ☐ Vice President □Vice President □ Secretary □Treasurer ☐Secretary □ Treasurer □Other _____ □Other _____ □Other _____ □Other _____ SERGHEI CERBUSCA □ Chairman Name: __ □ Chairman Name: ___ 4858 US HWY 17-92 W □ Vice Chairman Address: _ ☐ Vice Chairman Address: ____ HAINES CITY, FL 33844 □ Director □ Director ☐ President □ President ■ Vice President □Vice President □ Secretary ☐ Treasurer □Treasurer □ Secretary □ Other _____ □Other ____ □Other _ □ Chairman Name: _____ □ Chairman □Vice Chairman Address: Address: ☐ Vice Chairman □ Director Director □President □President □Vice President __ □ Vice President ☐ Secretary ☐Treasurer ☐ Secretary ☐ Treasurer □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. 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.

, SERGHEI CERUSCA, VP



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

CSI CARGO INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 10, 2011, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, 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 22ND day of JULY A.D. 2020 .

Authentication #: 2020403892 verifiable until 07/22/2021
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE