F 20000003976

(Requestor's Name)				
(Address)				
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(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer;			





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US 9/16/20

COVER LETTER

TO:	Registration Division of 0					
SUR	ECT:	ROC	KET NATIONAL	. TRA	NSPORTATION SY	STEM INC.
SOD.	LC1	Nan	ne of corporation	ı - mu	st include suffix	
Dear S	Sir or Madam:					
"Certi	ficate of Existo		ate of Good Star	iding'	and check are sub	et Business in Florida." mitted to register the
Pleaso	return all corr	espondence conce	erning this matte	r to th	e following:	
			JONATHAN	CHER	RY	
			Name of	Perso	n	
			Firm/Con	npany		
			2701 BISCAYNE	BLV	D APT 7123	
			Addr	ess		
			MIAMI, FL	33137		
	_		City/State a	ınd Zi	p code	
			corpjonathancherr			
		E-mail addr	ress: (to be used	for fu	ture annual report n	otification)
For fu	rther informati	ion concerning thi	s matter, please	call:		
	JONATHAN (CHERRY	at (⁵¹⁶	7	10-4630	
	Name of Pe	rson	Area Coo	le e	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please			DEPARTMENT	□ \$78	STATE .75 Filing Fee & tified Copy	☐ \$87.50 Filing Fee, Certificate of 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.

·	ONAL TRANSPORTATION SYSTEM INC			
	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"		
,, -				
(If name unavaila	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting bus	iness in Florid	
HAWAII 3.		85-2545372		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
05/21/2019	5	PERPETUAL .		
(Date	of incorporation)	(Date of duration, if other than p	(Date of duration, if other than perpetual)	
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	5	
	•	PT 7123 MIAMI, FL 33137		
		Tice street address)	· · · · · · · · · · · · · · · · · · ·	
	(i incipal of	nee street address;		
	(Current mail	ing address, if different)	· ·	
	(00101111111111111111111111111111111111		••	
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)		
	JONATHAN CHERRY	,		
Name:				
fice Address:	2701 BISCAYNE BLVD APT 7123			
	MIAMI	. Florida ³³¹³⁷		
	(City)	(Zip code)		

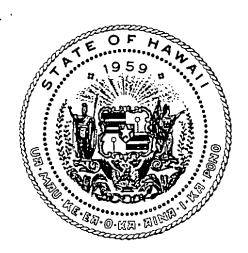
9. Registered agent's acceptance:

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.

□Chairman	JONATHAN CHERRY Name:	□Chairman	Name:
□Vice Chairman	Address: 2701 BISCAYNE BLVD	□ Vice Chairman	Address:
Director	APT 7123	Director	
■ President	MIAMI, FL 33137	□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	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	Other
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	artment of State Annual Re	eport form.
The officer or direc	ctor signing this document (and who is listed in nulse information submitted in a document to the D	umber 11 above) affirms th	nat the facts stated herein are true and that he



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

ROCKET NATIONAL TRANSPORTATION SYSTEM INC.

was incorporated under the laws of Hawaii on 05/21/2019; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: August 17, 2020

Cathir. Owal Color

Director of Commerce and Consumer Affairs