

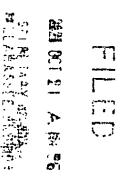
(Requestor's Name)					
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

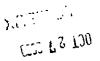
Office Use Only



600352057196

10/21/20--01014--012 **87.50





COVER LETTER

TO:	O: Registration Section Division of Corporations						
SUBJ	ECT: ANY ME	ANZ TRUCKING INC					
•, -,		tion - must include suffix					
Dear S	or or Madam:						
"Certif		for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida					
Please	return all correspondence concerning this ma						
	ALEKIS SOC	KINECL					
	Name	of Person					
	ANY MEANT	TRUCIONO INC					
	Firm/C	Company					
	160 faramour	TRUCKING INC Company 1 Dr unt 323					
	Saravota A	ddress 34222					
-	City/Sta	te and Zip code					
	E-mail address: (to be us	ed for future annual report notification)					
For fur	rther information concerning this matter, plea	se call:					
Alex	XI SOCKWELL at (9) Name of Person Area (11, 914-6610					
	Name of Person Area (Code Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section					
	Division of Corporations The Centre of Tallahassee	Division of Corporations P.O. Box 6327					
	2415 N. Monroe Street, Suite \$10 Fallahassee, FL 32303	Tallahassee, FL 32314					
Please r	ed is a check for the following amount: make check payable to: FLORIDA DEPARTME						
□ 5 70	000 Filing Fee	Certified Copy S87.50 Filing Fee, Certificate of Status & Certified Copy					

'APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607 1303, FLORIDA STATUTES, THE FOLLOWING IS SURMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
HELDER TRUCKING INC. (Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
(Einer name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION," "The ," "Corp," The," "Corp," (Corp,")
ANY MEANZ TRANSPORT Iff name unavailable in Horida, enter alternate corporate name adopted for the purpose of transacting business in Horida)
2 NORTH (AROLINA) 85-2306756 (State or country under the law of which it is incorporated) (I'll number, it applicable)
(State or country under the law of which it is incorporated) (I'll number, if applicable)
4. 8/3/2020 5. (Date of the orporation) (Date of theration, if other than perpetual)
6. (Date of intration, it other than perpetual)
6. (Date first transacted business in I forida, if prior to registration) (SEE SECTIONS 607.1501 & 807 1502, F.S., to determine penalty hability)
7. 9711 David Taylor Dr Sk 111-646 Charlotte, NC 28262
(Principal office street interes)
160 Percomount Dr. unit 323 Saranta FL 34233
8. Name and street address of Florida registered agent: (P.O. Box. NOL acceptable)
Name. Registered Agents INC
Office Address 7401 4th STN Ste 300
Office Address: 7/01 yours St St 300 St. Peterburg te Florida 3370 2 (City) (City)
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 enpacity. I forther agree to comply with the penvisions 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.
Bel Home
(Registered ageni? 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. For initial indexing purposes, list names, titles and addresses of the prinsity officers antifor directors (up to see (6) total).

A. DIRECTORS							
□Chairman	Name:ALEXIS SOCKWELL	□Chairman	Name:				
□Vice Chairman	Address: 160 PARAMOUNT DR	□Vice Chaiπnan	Address:				
□Director	UNIT 323	Director					
President	SARASOTA, FL 34232	□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		□'Freasurer			
⊡Other	Other	□Other		☐Other			
□Chairman □Vice Chairman □Director □President	Name: LETONYA SOCKWELL 12016 PEACH GROVE CT Address: SEFFNER, FL 33584	□Chairman □Vice Chairman □Director □President	Address:				
■ Vice President		□Vice President		<u> </u>			
□ Secretary	Treasurer	□ Secretary		□Treasurer			
□Other		□Other		□Other			
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman					
□Director	LOT 5	Director					
□President	TAMPA, FL 33610	□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 filter your Florida Department of State Annual Report form. 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. ALEXIS SOCKWELL (Typed or printed name and capacity of person signing application)							



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ANY MEANZ TRUCKING INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 3rd day of August, 2020, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 18th day of October, 2020.

Secretary of State

Elaine I Marshall

Certification# 108334006-1 Reference# 16576647-ACH Page: Lof I Verify this certificate online at https://www.sosnc.gov/verification