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COVER LETTER

TO: Registration Section Division of Corporation	18		
ACCULUDATE			
SUBJECT: ACCEDERATE	Name of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by I "Certificate of Existence," or "Cabove referenced foreign corpo	Certificate of Good Standi	ng" and check are subm	Business in Florida." nitted to register the
Please return all correspondence	e concerning this matter to	the following:	
MCKENZIE JOHNSON			
,	Name of Pe	rson	
ACCELERATED FREIGHT INC			
	Firm/Comp	any	
140 NW 189TH TER			
	Addres	S	
MIAMI FLORIDA 33169			
	City/State and	l Zip code	
MCKENZIFJOHNSON1962@G			
E-m	ail address: (to be used fo	r future annual report no	otification)
For further information concer-	ning this matter, please ca	H:	
MCKENZIE JOHNSON	at (⁷⁶³ Area Code	308-5699	
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, F1, 32300	ons isee t. Suite 810	MAILING AF Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations
_	ORIDA DEPARTMENT (OF STATE \$78.75 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 607.1503. FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(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 busines MINNESOTA (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of duration, if other than perporated) (Date of duration, if other than perporated) (Date of duration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. [Ho NW 189TH TER MIAMI, FL 33169]	s in Florida	 1			
2. MINNESOTA 2. (State or country under the law of which it is incorporated) 3. (FEI number, if applicable) 4. (Date of incorporation) 5. (Date of duration, if other than perpendicular description) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 140 NW 189TH TER MIAMI, FL 33169	s in Florida	<u>-</u>			
4. Date of incorporation) (Date of duration, if other than perpendicular duration) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 140 NW 189TH TER MIAMI, FL 33169					
4. Date of incorporation) (Date of duration, if other than perpendicular duration) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 140 NW 189TH TER MIAMI, FL 33169		_			
4. Date of incorporation) (Date of duration, if other than perpendicular duration) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 140 NW 189TH TER MIAMI, FL 33169	(FEI number, if applicable)				
6. N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 140 NW 189TH TER MIAMI, FL 33169					
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 140 NW 189TH TER MIAMI, FL 33169	etual)	_			
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7					
		_			
360 ROBERT ST N ST, PAUL, MN 55101					
(Current mailing address, if different)					
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: MCKENZIE JOHNSON	2020 DEC 14	· · · · · · · · · · · · · · · · · · ·			
Name: 140 NW 189TH TER Office Address:					
MIAMI	AH IQ.	C. '			
(City) (Zip code)	- 6				

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.

A. DIRECTORS: Name: _____ □Chairman Name: _______ 🖬 Chairman 360 ROBERT ST N ☐ Vice Chairman Address: ☐ Vice Chairman ST. PAUL, MN 55101 □ Director Director □President □President □Vice President □ Vice President _____ □Treasurer □ Secretary □Treasurer □ Secretary □Other ____ □Other _____ □Other _____ ☐Other _____ Name: _____ □ Chairman Name: □ Chairman □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director President **TIPresident** □ Vice President □ Vice President __ □ Secretary ☐ Treasurer □Treasurer □ Secretary Other_____ ☐Other _____ □Other _____ □Other _____ □Chairman Name: Name: □ Chairman Address: □ Vice Chairman □Vice Chairman Address: ______ □ Director □ Director _____ □President **DPresident** □ Vice President □ Vice President ______ □ Treasurer □ Secretary □Treasurer □ Secretary □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. Medical 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.

Office of the Minnesota Secretary of State Certificate of Good Standing

I. Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

the property of the property o

ACCELERATED FREIGHT INC

Date Filed:

03/03/2004

File Number:

815497-2

Minnesota Statutes, Chapter:

302A

Home Jurisdiction:

Minnesota

This certificate has been issued on:

11/16/2020



Oteve Pinnon Steve Simon

5. 经无法的通信会经验相关的关系的周围被继续。这种的图象不是自己基本可能并持续不是用。据5. 中华

Secretary of State State of Minnesota