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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK U	, WAIT MAIL
	(Eusiness Entity Name)
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Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer





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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850:656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv^o

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 5/11/2021

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 915498

ORDER ENTITY___

SAFER HAUL, INC.

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SAFER HAUL, INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: info@saferhaul.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, May 11, 2021 Page 1 of 1

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.

Safer Haul, Inc	:							
(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D,"	"COMPANY," "CORPORATION					
(If name unavai	lable in Florida, enter alternate corporate nam	ne ad	lopted for the purpose of transacting	business	Floric	<u></u>		
2. Delaware		3 86-1485048						
(State or count	ry under the law of which it is incorporated)	ے. ۔_	(FEI number, if applicable)					
4. 1/14/2021		5.	•	,				
(Date	e of incorporation)	ر	(Date of duration, if other than perpetual)					
6. 04/23/2021			, , , , , , , , , , , , , , , , , , , ,	, ,	••,			
7	1#1081, Canandaigua, NY 14424 (Principal o	ffice	street address)	· 	 .			
 -	(Current mai	ling :	address, if different)		- 2	 -		
8. Name and stree	et address of Florida registered agent: (P Registered Agents Inc.	'.O. I	Box <u>NOT</u> acceptable)		2821 HAY 11	A		
Office Address:	7901 4th St N STE 300			-	MHI			
	St. Petersburg		, Florida ³³⁷⁰²	: :	2:1	'		
	(City)		(Zip code)		√ 3			
			·					

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 Agents Inc.
Bill Havre - Assistant Secretary

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A., DIRECTORS Charlene Seeger Chairman □ Chairman Name: 302 Eastern Blvd #1081 □ Vice Chairman Address: ☐ Vice Chairman Address: Canandaigua, NY 14424 ■ 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 _____ □ Chairman Name: _____ Name: □ Chairman □Vice Chairman Address: _____ □ Vice Chairman Address: 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 a provided for in s.817.155, F.S.

7.155, F.S.

Charlene Seeger



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

DELAWARE, DO HEREBY CERTIFY "SAFER HAUL, 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 TENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAFER HAUL,

INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2021.

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



Authentication: 203162094

Date: 05-10-21