# F2100002885

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5/5/26

#### **COVER LETTER**

2021 APR 30 F# 5: 01

TO:	Division of Corporations		MILAHASSI - PA					
SUBJ	ECT: EV Semi-Fleet Corp.							
Name of corporation - must include suffix								
Dear S	ir or Madam:							
"Certif	closed "Application by Foreign Corporaticate of Existence," or "Certificate of Goreferenced foreign corporation to transact	od Standing" and check are subr						
Please	return all correspondence concerning this	matter to the following:						
Mr. Jac	об Guerra							
	N	ame of Person						
EV Sei	ni-Fleet Corp.							
	Fi	m/Company						
1920 T	umberry Dr.							
		Address	· · · · · · · · · · · · · · · · · · ·					
Oviedo	, FL 32765							
	City	State and Zip code						
evsemi	fleetcorp@gmail.com							
	E-mail address: (to b	e used for future annual report no	otification)					
For fur	ther information concerning this matter.	olease call:						
Jacob (	Guerra 81	3 967-9249 ea Code Daytime Teleph						
	Name of Person A	ea Code Daytime Teleph	one Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations					
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$70.00 Filing Fee								

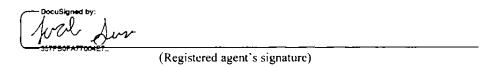
### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

EV Semi-Fleet Corp.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"						
	orp." "Inc." "Co." or "Corp.")					
(If name unavail	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting	g business in F	lorida)	
Wyoming		3	86-3432977			
(State or countr	y under the law of which it is incorporated)	٥.				
19 April 2021		5.	Perpetual			
(Date	(Date of incorporation)		(Date of duration, if other t	han perpetual)		
Not applicable						
	(Data finat teamanated business					
			n Florida, if prior to registration) 502, F.S., to determine penalty liabilit	(v)		
1920 Turnberry 1			n Florida, if prior to registration)  502, F.S., to determine penalty liabilit	gy)		
1920 Turnberry 1	(SEE SECTIONS 607.1501 & 607 Dr., Oviedo, FL 32765	7.15		(y)		
1920 Turnberry 1	(SEE SECTIONS 607.1501 & 607 Dr., Oviedo, FL 32765	7.15	502, F.S., to determine penalty liabilit	iy)		
	(SEE SECTIONS 607.1501 & 60° Or., Oviedo, FL 32765 (Principal	7.15 offi	502, F.S., to determine penalty liabilit	ty)	2:	
	(SEE SECTIONS 607.1501 & 60° Or., Oviedo, FL 32765 (Principal	7.15 offi	502, F.S., to determine penalty liabilitics ice street address)	Li tre	2021	
Same as above	(SEE SECTIONS 607.1501 & 60° Or., Oviedo, FL 32765 (Principal	7.15 offi	502, F.S., to determine penalty liabilities to street address)  ng address, if different)	Li tre	2021 APK	
Same as above	(SEE SECTIONS 607.1501 & 607.1501	7.15 offi	502, F.S., to determine penalty liabilities to street address)  ng address, if different)	19)	2021 APK 3.0	
Same as above  Name and stree  Name:	(SEE SECTIONS 607.1501 & 607.1501	7.15 offi	502, F.S., to determine penalty liabilities to street address)  ng address, if different)	1		
Same as above  Name and street	(SEE SECTIONS 607.1501 & 607.1501	7.15 offi	502, F.S., to determine penalty liabilities to street address)  ng address, if different)	To the second se		

#### 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.



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.

#### DocuSign Envelope ID:,070E7A26-9D98-4236-AECE-5E6801E098AE

#### A. DIRECTORS

□Chairman	Jacob Guerra	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
Director	Oviedo, FL 32765	□Director						
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	Secretary	□Treasurer					
□Other	Other	□Other	□()ther					
□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						
□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					
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals: Historia 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.

Jacob Guerra, Director



Virtual Appointments Only T. 239.595.3794 | F. 888.804.2033 www.intellilaw.io

May 26, 2021

FLORIDA DIVISION OF CORPORATIONS ATTN: Sean Toner PO Box 6327 Tallahassee, FL 32314

Via Email: sean.toner@dos.myflorida.com

In re: Grant of Name EV Semi-Fleet and Derivatives

Dear Mr. Toner,

Please be advised that I represent Mr. Jacob Guerra and his company, EV Semi-Fleet, of which he is a sole proprietor.

#### Background

- 1. As indicated by Sunbiz records, Mr. Guerra had previously registered EV Semi Fleet Corp with Sunbiz under document no. P21000003359.
- 2. However, for regulatory reasons, we had to dissolve his corporation in Florida and register it in Wyoming as a new corporation. The dissolution with Florida was recorded on 4/12/2021.
- 3. Then, once registered in Wyoming, I had to file the Wyoming corporation as a foreign corporation doing business in Florida. However, do to the close similarity in name, your office rejected my filing as evidenced by the records of document no. W21000070356.

#### **Grant of Name**

Recapping our conversation, the reason the foreign filing was rejected was because of the similarity in name of the dissolved corporation to the foreign corporation. Consequently, as evidenced by his signature below, Mr. Jacob Guerra does hereby grant to himself the right to continue using the name of the previously active Florida corporation, EV Semi Fleet Corp, and all derivations thereof, by and through his newly incorporated Wyoming corporation, EV Semi-Fleet, inclusive of any further suffix that may be specially required by Florida regulations.

Thank you we

Anessa Allen Santos

Anessa Allen Santos Attorney at Law Florida Bar No. 636185 anessa@intellilaw.io ACKNOWLEDGED AND AGREED

President & CEO

EV Semi-Fleet (fka EV Semi Fleet Corp)

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

#### **EV Semi-Fleet**

is a

#### **Profit Corporation**

formed or qualified under the laws of Wyoming did on **April 19, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000997770**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 27th day of April, 2021 at 7:31 AM. This certificate is assigned ID Number 044084836.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.