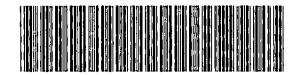
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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corpora				
SUBJECT: JOSE TRANSI	ORT INC			
30bJEC1	Name of corporation	on - must include suffix		
Dear Sir or Madam:				
The enclosed "Application b "Certificate of Existence," o above referenced foreign cor	r "Certificate of Good Sta	anding" and check are subm		
Please return all corresponde	ence concerning this matt	er to the following:		
CARLOS A REYES BAUEB				
	Name o	of Person		
JOSE TRANSPORT INC				
	Firm/Co	ompany		<del></del> -
3112 W HENRY AVE				
	Ado	iress		<del></del>
TAMPA, FL 33614			707	3
· · ·	City/State	and Zip code	atification) +	
YGONZALEZ.TAXPROS@G			-	C 135500
E	-mail address: (to be used	d for future annual report no		•
For further information cond	eming this matter, please	e call:		DN 1
CARLOS A REYES BAUEB	at ( <sup>702</sup>	) 401-6318		<del>.</del> Л
Name of Person	Area Co	ode Daytime Telepho	one Number	
STREET/COURIE Registration Section Division of Corpora The Centre of Tallal 2415 N. Monroe Str Tallahassee, FL 323	tions nassee cet, Suite 810	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FI.	ction porations	
Enclosed is a check for the f Please make check payable to:  \$70.00 Filing Fee		NT OF STATE  S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee Certificate of Sta 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.

JOSE TRANSPO			<u></u>	
(Enter name of co	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busi	ness in Florida)	
NEVADA		46-4085148		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)		
11/12/2013	, 5	PERPETUAL		
(Date	of incorporation)	(Date of duration, if other than p	erpetual)	
<del></del>		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
2112 W HENDY	•	502, F.S., to determine penanty haomity)		
3112 W HENRY	AVE, TAMPA, FL 33614	ice street address)		
SAME	(Trincipal off	rec <u>street</u> address)		
	(Current maili	ng address, if different)		
	(	,		
Name and stree	et address of Florida registered agent: (P.6	O. Box NOT acceptable)		
Name	CARLOS A REYES BAUEB		202	
Name:	3112 W HENRY AVE	<del></del>	021 HAY 14	
ffice Address:	·	<del></del>		
	TAMPA	, Florida 33614 (Zip code)		
	(City)	(Zip code)	100 100 100 100 100 100 100 100 100 100	
. Registered age	ent's acceptance:			
laving been nam	red as registered agent and to accept serv	ice of process for the above stated corp	porution at the pl	
esignated in this verber garee to c	application, I hereby accept the appoint comply with the provisions of all statutes	ment as registered agent and agree to relative to the proper and complete pe	act in this capaci rformance of my	
nd I am familia	r with and accept the obligations of my po	osition as registered agent.	,	
	1			
	(Basistand spant)	cionalura)		
	(Registered agent's	signature)		

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

under the law of which it is incorporated.

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

A. DIRECTORS					
□Chairman	Name:	□Chairman	Name:	. <u></u>	
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	TAMPA FL 33614	Director			
President	<del></del>	□President			
□Vice President		□Vice President			
Secretary	Treasurer	☐ Secretary		□Treasurer	
□Other	Other	□Other		☐ Other	
□Chairman	Name:	□Chairman	Name:	·	
□Vice Chairman	Address:	□Vice Chainnan	Address:	·	
□Director		□Director			
President		□President			
□Vice President		□Vice President			
☐ Secretary	☐ Treasurer	□Secretary		□Treasurer	
□Other	□ Other	Other		□Other	
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman	·-	F	
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.  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.

13. CARLOS A REYES BAUEB/PRESIDENT

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **JOSE TRANSPORT INC**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/12/2013, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation document no amendments on file in this office as of the date of this certificate.

Certificate Number: B202105111663080

You may verify this certificate online at <a href="http://www.nvsos.gov">http://www.nvsos.gov</a>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/11/2021.

BARBARA K. CEGAVSKE

Barbara K. Cegarste

Secretary of State