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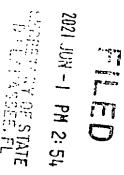
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COVER LETTER

TO:	•	tration Section of Corpo					
SUBJ	FCT.	VGT TRAN	SPORTATION I	чC			
3010	ECT.		Name o	f corporati	on - n	nust include suffix	
Dear S	ir or M	ladam:					
"Certil	īcate o	f Existence,"		of Good St	andin	horization to Transact l g" and check are submi n Florida.	
Please	return	all correspon	dence concernit	ng this mat	ter to	the following:	
MARIA	A C CR	OW					
-				Name o	of Per	son	
LOND	ON EX	PRESS INT'L					
			-·····································	Firm/Ce	əmpar	ıy	
2750 M	IICHIG	AN AVE STE	B2				
				Ad	dress		
KISSIN	имее і	FL 34744					
-				City/State	and 2	Zip code	
cristina	crow97	03@gmail.com					
·-			E-mail address:	(to be use	d for f	uture annual report not	ification)
For fur	ther in	formation co	ncerning this ma	itter, pleas	e call:		
Maria (Crow			407 at (}	683-0963	
	Nam	e of Person		Area C	ode	Daytime Telephol	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please 1	make ch	eck payable to	e following amo o: FLORIDA DE 378.75 Filing Certificate o	PARTMEI Fee &	□ \$7		\$87.50 Filing Fee, Certificate of Status & Certified Conv

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.

1.	VGT TRANSPO	DRTATION INC						
		orporation: must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	Đ.	" "COMPANY," "CORPORATION,"				
	(If name unavaila	able in Florida, enter alternate corporate nar	nc	adopted for the purpose of transacting business in Flo	orida)			
?	ILLINOIS		3 46-5708914					
2. (State or country under the law of which it is incorporated) 3.			(FEI number, if applicable)					
4.	05/20/2014		5.					
(Date of incorporation)			5. (Date of duration, if other than perpetual)					
6.	01/01/2021							
7.	8751 COMMODI ORLANDO FL 3	(SEE SECTIONS 607.1501 & 607 ITY CIRCLE SUITE 11 (Principal of S2819	7.15 əffi	respectively. The state of the				
ç	Name and etro	(Current ma et address of Florida registered agent: (1		STAT	1784			
С.	Name:	MARIA C CROW		acceptancy				
O	ffice Address:	2750 MICHIGAN AVE STE B2						
		KISSIMMEE		, Florida				
		(City)		(Zip code)				

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.

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

A. DIRECTORS							
≒ Chairman	Same. ALIYEV SHUKHRA1	Chairman	Name:				
L/Vice Charman	Address: 8751 Commodity Circle Sic 11	□Vice Chairman					
E Director	ORLANDO FL 32819	D'Director					
₩ President	ALIYEV SHUKHRAT	□Inesident					
UNice President		□Vice President					
C Serictary	C Treasurer	ESecusion.		□Tre2surer			
□Other	COther	Cother		□Other			
□ Chairman	Name:	DChairman	Name:				
□Vice Chairman	Address: 8751 Commodity Circle ste 11	□Vice Chairman	Address:				
開Director	BASHIR SADIKOV ORLANDO FL 32819	Director					
OPresident		□ President	····	197			
E-Vice President		l'IVice President					
Secretary	CTreasurer	□Sccretar ₎		☐Treasurer			
ElOther	Coher	[] Wher	-	СОлье			
⊡Chsirman	Name:	DChainran	Name:				
□Vice Chainnan	Address:	E Vice Chairman	Address:				
□ Director		Director					
Cliesident		□Piesident					
EVice President		L Vice President					
D'Secretary	□ Treasurer	E Secretary		□Treasure:			
[[Other	□Other	□Other	-	⊡0thet			
Important Notice: Use an attachment to report more than six (o). The attachment will be intaged for reporting purposes only. Non-indexed individuals may be added to the index when filling your Florida Department of State Annual Report form.							
Signature of Director or Officer							
The officer of director signing this document (and who is listed in number 1) shove) siffirms that the facts stated herein are true and that he or she is aware that false information submitted in a distance in the Department of State constitutes a third degree felony as provided for in 1517-155, F.S.							
13 Shukhrat Aliyev President (Typed of printed name and capacity of person signing application)							
(13beg of buried name and cabsents of berson stimuts abblication)							

File Number

6942-763-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

VGT TRANSPORTATION INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 20, 2014, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND

day of

MAY

A.D.

2021

Authentication #: 2114200406 verifiable until 05/22/2022
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE