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COVER LETTER

TO:		tration Section on of Corporations						
SUBJI	ECT:	Merdzic Transportation Services Incorporated						
Name of corporation - must include suffix								
Dear Si	ir or M	adam:						
"Certif	icate of	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to to	of Good S	tandir	ng" and check are submitted			
Please	return a	all correspondence concerni	ng this ma	tter to	the following:			
Damir i	Merdzio	:						
			Name	of Per	rson			
Merdzi	c Trans _l	portation Services Inc						_
		•	Firm/C	Compa	ny		~	
2593 K	ARATA	NS CT					021	
			Ac	idress				E C
JACKS	IIVNO	.LE, FL 32246				三	8	4 955 FT
			City/Stat	e and	Zip code	ر نواند	문	
damir@	merdzi			1 C	6.4	11.5 11.5 11.5	<u>ن ن</u>	
		E-mail address	s: (to be use	ed for	future annual report notific	ation) -	5: 29	
For fur	ther inf	formation concerning this m	natter, pleas	se call	:	'		
Damir	Merdzio	:	904	`	322-4998			
	Name	e of Person	Area C	Code	Daytime Telephone	Number	-	
	Regis Divisi The C 2415	EET/COURIER ADDRES tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303			MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	n ations		
Please 1	nake ch	check for the following ame eck payable to: FLORIDA D ing Fee \$78.75 Filin Certificate	EPARTME ig Fee &	□ \$		\$87.50 Filin Certificate of Certified Co	of Status	&

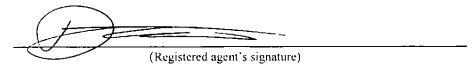
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Merdzic Transpo	ortation Services Incorporated		
	orporation; must include "INCORPORATEL orp," "Inc." "Co," or "Corp.")	D." "COMPANY." "CORPORATIO	N."
(If name unavaila Kentucky	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting 47-5470362	ng business in Florida)
	y under the law of which it is incorporated)	(FEI number, if applicable)	
01/26/2016	5	Perpetucl	
4. O1/26/2016 (Date of incorporation) 5. Perpetuc \ (Date of duration, if other than		than perpetual)	
05/28/2021			
		in Florida, if prior to registration) 1502, F.S., to determine penalty liabil	ity)
·- <u></u>	(Principal o	ffice <u>street</u> address)	
	(Current mail	ing address, if different)	2021
3. Name and stree	et address of Florida registered agent: (P	.O. Box <u>NOT</u> acceptable)	2021 JUN -8
Name:	DAMIR MERDZIC		1. '
Office Address:	2593 KARATAS CT	·	N −8 PH 5: 29
	JACKSONVILLE	, Florida 32246	29
	(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.



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				
□Chairman	Name: DAMIR MERDZIC	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	JACKSONVILLE, FL 32246	□Director		
■President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□ Treasur
□Other	Other	□Other		Dother <u>U</u>
	Name:	□ Chairman □ Vice Chairman		8 PP ST
□Director		□Director		
□ President		□President		
□Vice President		□ Vice President	-	
Secretary	☐ Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other		□Other
	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department Signature of Director or	nt of State Annual Re		

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.

DAMIR MERDZIC, PRESIDENT

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 247327

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

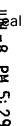
I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State.

Merdzic Transportation Services Incorporated

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is January 26, 2016 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official seal at Frankfort, Kentucky, this 28th day of May, 2021, in the 229th year of the Commonwealth.





Michael G. adams

Michael G. Adams Secretary of State Commonwealth of Kentucky 247327/0942436