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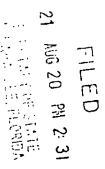
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: QQQ	Irucking inc.
Name of corporation	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	nding" and check are submitted to register the
Please return all edirespondence concerning this matter	OMEZ
Name of T	rucking inc
301 ASKi	nlane
Salisbury N	r. 2814 V
nahly comes of	nd Zip code CON for future annual report notification)
For further information concerning this matter, please of	eall:
Jahly Coome 754	1,758.8016.
Name of Person Area Cod	e Daytime Telephone 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70,00 Filing Fee \$\Boxed{\subseteq} \$78.75 Filing Fee & Certificate of Status	Cortified Copy □ \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.				
, Mahly Trucking inc.				
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co,," or "Corp.")				
(If name unavailable in Florida, enter alternatis corporate name adopted for the purpose of transacting business in Florida)				
2 North Carolina 3				
(State or country under the law of which it is incorporated) (FEI number, if applicable)				
4. 0/22/2017 5.				
(Date of incorporation) (Date of duration, if other than perpetual)				
6				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607, 1501 & 607, 1502, F.S., to determine penalty liability)				
2 301 Askin lane Salisbury WC. 2819				
(Principal office street address)				
14665 De 100th are Jummertiely M.				
(Current mailing address, if different) 3449/				
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)				
Name: Mahly Comez				
Office Address: 14665 Se 100th ave				
24CM 1: N				
(City) (Zip code)				
हिन्द्र				
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation urthe place				
designated in this application, I hereby accept the appointment as registered agent and agree to act the this apacity. 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. $\lesssim m_{\odot}$				
(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.

A. DIRECTORS			Compact	
□Chairman	Name: Mahly Comez	□Chairman	Name: <u>Jarge Garrez</u>	
□Vice Chairman	Address: 1466 So 100th as			
□Director C	Dummer Field, A34491	Director	Salisbury, N.C. 281	
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		
□ 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		
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 lifting 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. (Typed or printed name and capacity of person signing application)				



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

MAHLY TRUCKING INC

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of June, 2017, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online,

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of August, 2021.

Elaine I Marshall

Secretary of State