# F21000005801

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## **COVER LETTER**

	gistration Section vision of Corporations			
SUBJEC'	T: Arana Logistics, Inc.			
SCEC	Name o	f corporation - mu	st include suffix	
Dear Sir or	Madam:			
"Certificate	ed "Application by Foreign Core of Existence," or "Certificate or renced foreign corporation to tra	of Good Standing"	and check are submitt	
Please retu	rn all correspondence concernir	ng this matter to the	e following:	
Tim Arana				
		Name of Perso	n	
Arana Logi	stics, Inc.			
		Firm/Company		
4046 N. Go	oldenrod Rd. #181			
		Address		
Winter Parl	k, FL32792			
		City/State and Zi	p code	
aranabroke	rs@gmail.com			
	E-mail address:	(to be used for fut	ure annual report notif	ication)
For further	information concerning this ma	atter, please call:		
Tim Arana		at ( <u>630</u> 4	45-9364	
N	ame of Person	Area Code	Daytime Telephone	e Number
Re Di Th 24	REET/COURIER ADDRESS egistration Section vision of Corporations to Centre of Tallahassee 15 N. Monroe Street, Suite 810 Illahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
	s a check for the following amo e check payable to: FLORIDA DE Filing Fee	PARTMENT OF S Fee & $\square$ \$78		\$87.50 Filing Fee, Certificate of Status & 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.

(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	business in Florida)
Illinois	3	471814930	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
09/11/14	5		
(Date of incorporation)		(Date of duration, if other than perpetual)	
N/A			
046 N. Goldenro 	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 ad Rd #181 Winter Park, FL 32792	02, F.S., to determine penalty liability	·)
4046 N. Goldenro	(SEE SECTIONS 607.1501 & 607.150 ad Rd #181 Winter Park, FL 32792		•)
4046 N. Goldenr	(SEE SECTIONS 607.1501 & 607.150  xd Rd #181 Winter Park, FL 32792  (Principal office	02, F.S., to determine penalty liability	
	(SEE SECTIONS 607.1501 & 607.150  xd Rd #181 Winter Park, FL 32792  (Principal office	e <u>street</u> address)  address, if different)	
,	(SEE SECTIONS 607.1501 & 607.150 ad Rd #181 Winter Park, FL 32792  (Principal office)  (Current mailing)	e <u>street</u> address)  address, if different)	SECRETARY TALLAHAS
Name and stree Name:	(SEE SECTIONS 607.1501 & 607.150 ad Rd #181 Winter Park, FL32792  (Principal office  (Current mailing	e <u>street</u> address)  address, if different)	SECRETARY TALLAHAS
Name and street	(SEE SECTIONS 607.1501 & 607.150 ad Rd #181 Winter Park, FL 32792  (Principal office  (Current mailing  et address of Florida registered agent: (P.O.  Blanca Erica Arana  4046 N. Goldenrod Rd. #181	e <u>street</u> address)  address, if different)	

#### 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.

#### A. DIRECTORS Tim Arana □ Chairman Name: □Chairman Name: Uvice Chairman Address: 4046 N. Goldenrod Rd. ☐ Vice Chairman Address: SR# 181 □ Director □Director Winter Park, FL 32792 ■ President □President ☐ Vice President □ Vice President □ Secretary ☐Treasurer ☐ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman ☐ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □ President □ President ☐ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name. \_\_\_\_\_ □Chairman □ Chairman Name: \_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_\_ Address: ☐ Vice Chairman □ 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 may be added to the index when filing your Florida pepartment of State Annual Report form. 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. ranix

(Typed or printed name and capacity of person signing application)

### File Number

6979-438-6



## 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

ARANA LOGISTICS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 11, 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 28TH

day of SEPTEMBER A.D. 2021

Authentication #: 2127103136 verifiable until 09/28/2022

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE