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SECRETAL ALLAHASSEE FLORID

S. ROBERTS
FEB 0 1 2022

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Accurate Logistics USA, In	ıc.		
5020		e of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign C icate of Existence," or "Certifica referenced foreign corporation to	te of Good Stan	ding" and check are subr	t Business in Florida," nitted to register the
Please	return all correspondence concer	ning this matter	to the following:	
		David J. Ro	oberts	
		Name of I	Person	 -
		Accurate Logistic	es USA, Inc.	
		Firm/Com	pany	
	<u> </u>	660 Strand Cour	t, Unit A212	
		Addre	ss	
		Naples, Florid	a 34110	
		City/State ar	nd Zip code	
		ave@accuratetran	•	
	E-mail addres	ss: (to be used for	or future annual report no	otification)
For furt	ther information concerning this	matter, please ca	ill:	
	David J. Roberts	905 at (645-046	66
	Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclose Please m	ed is a check for the following am lake check payable to: FLORIDA D 00 Filing Fee	EPARTMENT (OF STATE \$78.75 Filing Fee & Certified Copy	\$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.

Accurate Logis	sties USA, Inc.		
(Enter name of "Inc.," "Co.," "C	corporation: must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	." "COMPANY." "CORPORATIO	N."
(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting	ng business in Florida)
2. Delaware	3	87-4638199	
(State or country under the law of which it is incorporated) (FEI number, if appli			
(Date of incorporation)		(Date of duration, if other	than perpetual)
7 5660 Strand Cou	(SEE SECTIONS 607.1501 & 607.1. rt. Unit A212, Naples, Florida 34110	n Florida, if prior to registration) 502, F.S., to determine penalty liabil	ity)
·		ice <u>street</u> address)	
	(Current mailir	ng address, if different)	2022 F
8. Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	EB-1
Name:	United Corporate Services, Inc.		10
Office Address:	3458 Lakeshore Drive		#H 10: 31
	Tallahassee	, Florida 32312	F : 34
	(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.

DocuSign Envelope ID: 9049E3A5-C79B-4068-A21B-B6EB4091EF3F A. DIRECTORS

□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: 5660 Strand Court, Unit A212	□ Vice Chairman	Address:
■ Director	Naples, Florida 34110	Director	
■ President		□President	
□Vice President		□Vice President	
■ Secretary	■ Treasurer	☐ Secretary	□Treasurer
⊡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	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:		Address:
□Director		☐ Director	
□President		□President	
□ Vice President		□Vice President	
□Secretary	□Treasurer	□ Secretary	☐ Treasurer
Other		□Other	□Other
Important Notice: I individuals may be 12. Docusigned David J.	ise an attachment to report more than six (6). The anadded to the index when filing your Florida Departure. Koluris Signature of Director	ment of State Annual Rep	for reporting purposes only. Non-indexed port form.
EB4F2085DB.			

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.

David J. Roberts, President

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ACCURATE LOGISTICS USA, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCURATE LOGISTICS USA, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202541744

Date: 02-01-22

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