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COVER LETTER

	tration Section					
	Voyager Truck					
SOBSECT.		Name of corporation	on - must in	clude suffix		
Dear Sir or M	ladam:					
"Certificate o	f Existence," o	by Foreign Corporation for "Certificate of Good Starporation to transact busing	ınding" and	l check are sul		
Please return	all correspond	ence concerning this matte	er to the fol	lowing:		
Thomas Di Do	nato					
	-	Name o	f Person			
Voyager Truck	ing Corp					
		Firm/Co	mpany	•		
2255 Glades R	oad, Suite 324A	<u>.</u>				
		Add	ress			
Boca Raton, F	L 33431					
		City/State	and Zip co	de		
tom@voyager	rucking.com					
	E	-mail address: (to be used	for future	annual report	notific	ation)
For further in	formation con	cerning this matter, please	call:			
Thomas Di Do	nato	at ()	103		
Nam	e of Person	Area Co	de I	Daytime Telep	ohone	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		
	eck payable to:	following amount: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status		Filing Fee &		\$87.50 Filing Fee. Certificate 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.

Voyager Trucki					
	orporation; must include "INCORPORATED." " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"			
	•				
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Flor	rida)		
New Jersey	3 22	3 22-3368392			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
04/07/1995	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	(Date first transacted business in F				
2255 Glades Roa	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 d, Suite 324A, Boca Raton, FL 33431 (Principal office	F.S., to determine penalty liability) street address)	12202		
	(SEE SECTIONS 607.1501 & 607.1502 d, Suite 324A, Boca Raton, FL 33431 (Principal office) (Current mailing a	F.S., to determine penalty liability) street address)	2022 FAR 29		
	(SEE SECTIONS 607.1501 & 607.1502 d, Suite 324A, Boca Raton, FL 33431 (Principal office	street address) ddress, if different)	HR 29		
	(SEE SECTIONS 607.1501 & 607.1502 d, Suite 324A, Boca Raton, FL 33431 (Principal office) (Current mailing a	street address) ddress, if different)	HR 29		
Name and stree	(SEE SECTIONS 607.1501 & 607.1502 d, Suite 324A, Boca Raton, FL 33431 (Principal office) (Current mailing a et address of Florida registered agent: (P.O. E	street address) ddress, if different)	F AR 2		
Name and stree	(SEE SECTIONS 607.1501 & 607.1502 d, Suite 324A, Boca Raton, FL 33431 (Principal office (Current mailing a set address of Florida registered agent: (P.O. E Thomas Di Donato	street address) ddress, if different)	HR 29		

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 Chairman	Name: [homA] D'Do-Ato	□ Chairman	Noma	
	Address: 16229 CAbrinet Dime			
	Delray Deach F1 ? 344		Address:	沙里
□Director President		□President		100
•				
□ Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer (1) 3
□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		□Other
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman		
Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department	ent of State Innual Ro	ed for reporting pureport form.	urposes only. Non-indexed
The officer 4:	Signature of Director of		and the state of t	real and the second
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart	r 11 above) affirms the ment of State constitution	nat the facts stated ntes a third degree	therein are true and that he of efelony as provided for in
13. Thomas Di I	Donato			

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

VOYAGER TRUCKING CORP. 0100622904

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on April 07, 1995.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

THOMAS DIDONATO 451 FRELINGHUYSEN AVE STE 2 NEWARK, NJ 07114

CREAT CORPATION OF THE STATE OF

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of December, 2021

Elizabeth Maher Muoio State Treasurer

duk of Mun

Certificate Number: 6126747993

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCort/JSP/Verify_Cert jsp