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(Requestor's Name)					
(Address)						
(Address)						
	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						





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SECRETARY OF STATE TALL AHASSEE, FLORIDA

TAR II. AM D.

COVER LETTER

TO:	FO: Registration Section Division of Corporations						
SUBJ	FCT.	MUZOM TR	ANSPORTAT	ION INC			
3013	LC1.				ion - m	ust include suffix	
Dear S	ir or M	ladam:					
"Certif	ficate o	f Existence,"		e of Good S	tanding	" and check are subr	t Business in Florida." mitted to register the
Please	return	all correspon	dence concern	ing this ma	iter to il	ne following:	
MUZA	FFAR S	SUFIKHUJAE	V				
				Name	of Pers	on	
MUZO	M TRA	NSPORTATI	ON INC				
				Firm/C	ompan	√	
4255 W	VESTBI	ROOK DR UN	TT 225				
		_	-	Ac	ldress		
AURO	RA IL 6	50504					
-				City/Stat	e and Z	ip code	
INFO@	BMUZC	MTRANS.CO)M				
			E-mail addres	s: (to be use	d for fi	iture annual report no	otification)
For fur	ther in	formation co	ncerning this r	natter, pleas	e call:		
MUZA	FFAR S	SUFIKHUJAE	V	909 at () 5	33 7004	
	Nam	e of Person		Area C		Daytime Teleph	one 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			
Please i	make ch	eck payable to	following am: FLORIDA D \$78.75 Filit Certificate	EPARTME ng Fee &	□ \$78	STATE 8.75 Filing Fee & rtified Copy	■ \$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.

MUZOM TRAN	SPORTATION INC			
(Enter name of e	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	.,ис	
(If name unavails	able in Florida, enter alternate corporate name ad	opted for the purpose of transact	ing business in Florida)	
IL LINOIS	.4	4597796		
(State or countr	y under the law of which it is incorporated)			
(Date			(Date of duration, if other than perpetual)	
	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150)	florida, if prior to registration) 2. F.S., to determine penalty liab	ility)	
77	OK DR UNIT 225 AURORA IL 60504 (Principal office			
	(Principal office	street address)		
	(Current mailing	address, if different)		
	,	,		
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	si sa	
Name:	MUZAFFAR SUFIKHUJAEV		182 M. Ecre Lah	
Office Address:	7200 LAKE ELLENOR DR STE 157		2022 MAR IL AM SECRETANY C. S ALLAHASSEE, FLO	
	ORLANDO	Florida	型 至 丌	
	(City)	(Zip code)	AH 9: 40	
9. Registered ago	•		_	
designated in this further agree to c	ed as registered agent and to accept service application, I hereby accept the appointme omply with the provisions of all statutes related with and accept the obligations of my positive and accept the obligations of accept the appointment of the appoin	nt as registered agent and ag ative to the proper and compl	ree to act in this capacity. I	
	(Registered agent's sign	nature)	<u> </u>	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS □ Chairman Name: ____ □ Chairman Name: ______ □Vice Chairman Address: ___ □Vice Chairman Address: ______ ame as □ Director □ Director MUZAFFAR SUFIKHUJAEV ■ President □President MUZAFFAR SUFIKHUJAEV ■ Vice President □ Vice President **■**Secretary Treasurer ☐ Secretary □Treasurer Muzaffar Sufikhu: □Other __ □Other Muzaffar Sufikhu □Other ______ □ Other _____ Name: _____ □ Chairman Name: _____ □Chairman □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 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 filing your Florid Department 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.

File Number

7206-638-3



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

MUZOM TRANSPORTATION INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 19, 2019, 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 10TH day of MARCH A.D. 2022.

Authentication #: 2206904956 verifiable until 03/10/2023
Authenticate at. http://www.ilsos.gov

Desse White

SECRETARY OF STATE