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(Requestor's Name)
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☐ PICK-UP ☐ WAIT X MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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S. FRANKLIN MAY 1 9 2022



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Bear Cartage and Interr	modal, Inc.			
		must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Forei "Certificate of Existence," or "Certiabove referenced foreign corporation	ficate of Good Stand	ling" and check are submit		
Please return all correspondence cor	ncerning this matter	to the following:		
Nicholas Urso			20	
	Name of P	erson	22 11	
Bear Cartage and Intermodal, Inc.			2022 MAY 18 PH 10: 19	
	Firm/Comp	pany	0	
8600 Joliet Road			PH	
-	Addres	SS		
McCook, IL 60525			r', o	
	City/State an	d Zip code		
nick.urso@bearcartage.com				
E-mail a	ddress: (to be used fo	or future annual report noti	fication)	
For further information concerning	this matter, please ca	all:		
Ryan Andrews	708) 924-9093 ext. 249 Daytime Telephor		
Name of Person	Area Code	Daytime Telephor	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	Section Corporations 27	
——————————————————————————————————————	DA DEPARTMENT		\$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.

Bear Cartage and			<u>. </u>	
	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"		
(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting busin	ess in Flo	rida
Illinois	3.	3. 36-3963581		
	y under the law of which it is incorporated)	(FEI number, if applicabl	e)	
June 14, 1994	5			
(Date of incorporation) 5. (Date of duration, if other than		rpetual)		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 McCook, IL 60525		M77 1.00	8 1. N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
_	(Principal office	street address)	,	Ø
				Pi
	(Current mailing	address, if different)		Pillu: Co
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Joe Nowak			
ffice Address:	7641 Woodley Road			
	Jacksonville	, Florida		
	(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.

A. DIRECTORS Nicholas Urso Name: _____ Name: ___ □ Chairman □ Chairman 6126 Peck Ave Address: ☐ Vice Chairman Address: ☐ Vice Chairman La Grange Highlands, IL 60525 □ Director □ Director ☐ President ■ President ☐ Vice President □Vice President Treasurer Treasurer □Secretary □ Secretary □Other ____ ☐Other _____ □Other _____ Other____ Anthony Urso Name: _____ ☐ Chairman □Chairman 12533 Lake View Dr. ☐ Vice Chairman Address: ______ □Vice Chairman Address: __ Orland Park, IL 60467 □ Director □ Director []President ☐ President ☐ Vice President ■ Vice President _____ ☐Treasurer-☐ Treasurer ☐ Secretary □ Secretary □Other Other _____ □ Other _____ Name: _____ □ Chairman Name: □ Chairman ☐ Vice Chairman Address: ______ □Vice Chairman Address: ______ □ Director □ Director □ President □ President □Vice President ☐ Vice President Treasurer ☐ Secretary □Treasurer □ Secretary □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 Department of State Annual Report form. lino

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.

Signature of Director or Officer

Nicholas Urso -- President

File Number

5785-784-6



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

BEAR CARTAGE & INTERMODAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 14, 1994, APPEARS TO HAVE COMPLED 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 16TH

day of

MAY

A.D.

)(00.14

2022

Authentication #: 2213600730 verifiable until 05/16/2023

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

SECRETARY OF STATE