F32000003473

(Ke	questor's Name)	
		
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
_	_	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
	_	
		
Special Instructions to	Filing Officer:	
•		
L		

Office Use Only



400387606624

05/18/22--01019--021 **78.75

7672) X (13 PM 2: 41

COVER LETTER

	egistration Section livision of Corporations			••
SUBJEC	CT: CARNOS TRUCKING INC			
		corporation -	- must include suffix	
Dear Sir e	or Madam;			
"Certifica	osed "Application by Foreign Corp to of Existence," or "Certificate of terenced foreign corporation to tran	Good Stand	ling" and check are submit	
Please ret	urn all correspondence concerning	this matter t	to the following:	
JULIA GI	L			
		Name of P	erson	
KB CONS	SULTING CREW LLC			
		Firm/Comp	pany	
1856 N NO	OB HILL RD STE 137			
		Addres	SS	
PLANTA	TION, F1. 33323			
		City/State an	d Zip code	
TAXES@	KBCONSULTINGCREW.COM			
	E-mail address: (to be used fo	or future annual report noti	fication)
For furthe	er information concerning this mat	ter, please ca	ill:	
JULIA GI	L at	954	54 6550980	
ì	Name of Person	Area Code		e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sect Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please mal	is a check for the following amount the check payable to: FLORIDA DEP Filing Fee S78.75 Filing Certificate of	ARTMENT		□ S87.50 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	adopted for the purpose of transacti	ing business in Florida)	-
2. ILLINOIS 3. 84-2795212				
	y under the law of which it is incorporated)	(FEI number, if applicable)		•
08/21/2019	5.	PERPETUAL		
(Date	5. of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)	
6. N/A			_	_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liabi	lity)	
7. 10610 SW 158TE	H CT APT 208, MIAMI FL 33196			
· · · · · · · · · · · · · · · · · · ·	(Principal off	ice <u>street</u> address)		
10610 SW 158T	H CT APT 208, MIAMI FL 33196			
	(Current mailir	ng address, if different)		
8. Name and <u>stree</u>	et address of Florida registered agent: (P.C JULIA GIL). Box NOT acceptable)	10 Par (13	11
Office Address:	1856 N NOB HILL RD STE 137		13 PM 2: 41 SANGE STAT	
	PLANTATION	Florida	2: 4 STA	
	(City)	(Zip code)	一一	
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application. Thereby accept the appoints comply with the provisions of all statutes rewith and acceptathe obligations of my positions.	nent as registered agent and ag- relative to the proper and compl	ree to act in this capa	city. I

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 CARLOS MUNOZ GRISALES Name: Name: _____ □ Chairman Chairman 10610 SW 158TH APT 208 Address: □ Vice Chairman □ Vice Chairman Address: MIAMI, FL 33196 Director □ Director □ President □ President □Vice President _____ □Vice President □Treasurer □Treasurer □ Secretary □ Secretary □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 _____ Name: _____ I⊒Chairman Name: _____ □ Chairman □Vice Chairman Address: _____ □ Vice Chairman Address: □ Director □ Director I□President President ☐ Vice President ____ □ Vice President □ Secretary [[Treasurer] []Secretary **ElTreasurer** □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 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.

CARLOS MUNOZ GRISALES / DIRECTOR

File Number

7244-074-9



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

CARNOS TRUCKING INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 21, 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 31ST day of MARCH A.D. 2022 .

Authentication #: 2209004988 verifiable until 03/31/2023
Authenticate at: http://www.ilsos.gov

SECRETARY OF STATE