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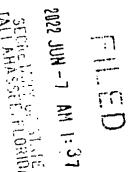
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

	gistration Sect vision of Corp					
SHRIFCT	r. ATG TRUC	CK LOAD INC.				
SOBJECT	· ·	Name of corporati	ion - must	include suffix		
Dear Sir or	Madam:					
"Certificate	e of Existence.	n by Foreign Corporation f or "Certificate of Good S corporation to transact busi	tanding" a	and check are sub		
Picase retu	rn all correspo	ndence concerning this mat	ter to the	following:		
Anthony Mo	orales					
		Name	of Person			
MyUSACor	rporation.com					
		Firm/C	ompany			
1 Radisson I	Plaza, Suite 800					
		Ad	dress			
New Rochel	lle, NY 10801					
		City/Stat	e and Zip	code		
info@myusa	acorporation.co					
		E-mail address: (to be use	d for futu	re annual report n	otification)	
For further	information c	oncerning this matter, pleas	e call:			
Anthony Mo	nthony Morales at ()					
Na	ame of Person	Area C		Daytime Telepl	none 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			
Enclosed is Please make □ \$70.00 l	check payable	ne following amount: to: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	\$78.	TATE 75 Filing Fee & Ified 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.

	ATGIRUCK	LOAD INC.					
(Enter name of c	orporation: must include "INCORPORATED." orp." "Inc." "Co." or "Corp.")	"COMPANY." "CORPORATIO	N."				
	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacti	ng business in Florida)				
Illinois	State or country under the law of which it is incorporated) (FEI number, if applicable)						
·	5	(Date of duration, if other than perpetual)					
(17ate	e of incorporation)	(Date of duration, if other than perpetual)					
·	(Day Garage and Lavings in E	21 - 24 - 26 - 2 - 2 - 2 - 2 - 2 - 2 - 2					
	(Date first transacted business in f (SEE SECTIONS 607.1501 & 607.150)		lity)				
	8140 Wolf Rd, La Grange, H. 60525						
	(Principal office	street address)					
	(Current mailing	address, if different)					
			□ ∾				
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	- . 2022 JUN - 7 \$ECRE LUM ALL AHASSI				
Name:	Incorp Services, Inc.		NO P				
	17888 67th Court North		1555				
Office Address:			Signal Park 👱 🙃				
	Loxahatchee	Florida	AH 1:37				
	(City)	(Zip code)	Ξ <u>π</u> ω				
. Registered ag	ent's acceptance:						
• • • • • • • • • • • • • • • • • • • •	ned as registered agent and to accept service	of process for the above state	d corporation at the plac				
•	s application, I hereby accept the appointme comply with the provisions of all statutes rel						
	r with and accept the obligations of my posi-		ne perjormance oj my ai				
2		•					
	$C_{i}\setminus I$	/					
_	Mulhars						
	(Registered agent's sile	nature)					

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.

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

☐Chairman	Name:	□Chainnan	Name.				
	8140 Wolf Rd Address.	_	.				
□ Director	La Grange, IL 60525	□ Director					
President		□President					
Secretary	☐Treasurer	□ Secretary		□Treasurer			
Other		□Other		Other			
		Boulet					
□Chairman	Name:	□Chairman	Name:				
	Address: 8140 Wolf Rd		_				
Director	La Grange, IL 60525	☐Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	■ Treasurer	Secretary		□Treasurer			
□Other	Other	□Other		Other			
□ Chairman	Name:	□ Chairman	Name:				
□ Vice Chairman	Address:	□Viœ Chairman	Address:				
Director		☐ Director					
□President		□President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary		☐Treasurer			
Other		Other		□Other			
Important Notice individuals may b	Use an attachment to report more than six (6). The eadded to the index when filing your Florida Deport	artment of State Annual Re	d for reporting	purposes only. Non-indexed			
	ector signing this document tand who is listed in m false information submitted in a document to the D	umber 11 above) affirms the epartment of State constitu					
DANE KOTESKI, President (Typed or printed name and capacity of person signing application)							
	Copes or prince name and dipacity of	become afamile ablancano:	47				



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

ATG TRUCK LOAD INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 16, 2010, 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 30TH 2022

day of

MAY

A.D.

Authentication #: 2215000268 verifiable until 05/30/2023

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

SECRETARY OF STATE