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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023

: (954)208-0845 Phone : (614)573-3996 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION BUSKE LINES, INC.

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Help

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.

(Enter name of come			W. W.Coppop + TION !!		
"Inc.," "Co.," "Corp,	oration; must include "INCORPORATED," ' ""Inc," "Co," or "Corp.")	COMPANY	," "CORPORATION;		
(If name unavailable	e in Florida, enter alternate corporate name ad	opted for the	purpose of transacting bu	isiness in Florida)	
(State or country under the law of which it is incorporated) 3.			(FEI number, if applicable)		
(Date of	incorporation) 5	(Date	e of duration, if other than	perpetual)	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	Florida, if pri	or to registration)		
	-	2, r.s., to ac	commo peranty manary,		
/ Gateway Commen	ce Center Dr W, Edwardsville, IL 62025 (Principal office	street adds			
PO Box 929 Edwar	` •	<u>street</u> acce		Ã. ≥	
PO BOX 929 Edwar	(Current mailing	address, if d	ifferent)		
	(======================================		·	JUL	
Name and street a	address of Florida registered agent: (P.O.	Box NOT	acceptable)	56	
	C T Corporation System			71.7	
Name:		.		PH 12: 32	
ffice Address:	1200 South Pine Island Road			2: 32	
	Plantation	FL	33324	Y- N	
	(City)		(Zip code)		

(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.

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

A. DIRECTORS			
□Chairman	Name: Nicholas L. Heinz, IV	□Chairman	Name:
□Vice Chairman	PO Box 929 Address:	□Vice Chairman	Address: PO Box 929
Director	Edwardsville, IL 62025	© Director	Edwardsville, IL 62025
□President		President	
□Vice President		□Vice President	
□ Secretary	☐ Treasurer	Secretary	□Treasurer
□Other	□ Other □	Other	□Other
□Chairman □Vice Chairman	Name: Pedro Freyre PO Box 929 Address:		Name:
⊠ Director	Edwardsville, 1L 62025	Director	
☐ President		□Presiden!	
□Vice President		□ Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	🖾 Freasurer
Other	Other	□Other	Other
	Name:		Name:
LIVice Chairman	Address:	Director	
[]Director			
⊕President		□President	
	□Treasurer	☐ Vice President ☐ Secretary	□Тозыгет
☐Secretary		□Other	(I()ther
individuals may be 12		or Officer oer 11 above) affirms runent of State const	that the facts stated herein are true and that he or itutes a third degree felony as provided for in
	(Typed or printed name and capacity of per	son signing applicati	en)

File Number

2186-504-4



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

BUSKE LINES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 18, 1931, 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 5TH day of JULY A.D. 2022.

Authentication #: 2218601934 verifiable until 07/05/2023

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

Desse White

SECRETARY OF STATE