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	Division of Corporations Fax Number : (850)617-6383 From:						
		Account Name : SPIEGEL & UTI	RERA, P.A.	SEGELE PACLAHA			
	Account Number: FCA800000001						
	Phone : (305)854-6000 Fax Number : (305)860-2076						
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	**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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Corporate Filing Menu

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Electronic Filing Menu

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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.

	orporation; must include "INCORPORATE orp," "Inc," "Co." or "Corp.")	D," "COMPANY," "CORPORATION	
(If name unavails	able in Florida, enter alternate corporate nar	me adopted for the purpose of transacting	g business in Florida)
COLORADO		38-1550745	
	y under the law of which it is incorporated)	(FEI number, if app	plicable)
10/31/2006		Perpetual	
(Date	of incorporation)	(Date of duration, if other t	han perpetual)
Upon Filing			
	(SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) 7,1502. F.S., to determine penalty liabilit	ty)
7. 3800 Inverray Bo	oulevard, Suite 400L, Lauderhill, Florida 33	319	
	(Principal)	office <u>street</u> address)	
		illing address, if different)	
 Name and stream Name: 	et address of Florida registered agent: (Spiegel & Utrera, P.A.	-	2022 JUL K
Office Address:	1840 SW 22nd Street, 4th Floor		
J11166 24400 000	Miami	, Florida 33145	AMIL: 5
	(City)	(Zip code)	<u> </u>
Having been nan designated in this further agree to c and I am familial	ent's acceptance: ned as registered agent and to accept se s application, I hereby accept the appoil comply with the provisions of all statute with and accept the obligations of my STIEGEL & UTREPIA, P.A. Atalia Mul Novie (Registered agent	intment as registered agent and agrees relative to the proper and complete position as registered agent. ALIA UTNERA V.CE- TRELIV	ee to act in this capacity. te performance of my du

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]:

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A.	DIRECTORS	

∐Chairman	Name: LaToya Monagas	□ Chairman	Name:
□Vice Chairman	Address: 3800 Inverrary Blvd., Stc. 400L	□ Vice Chairman	Address:
Director	Lauderhill, FL 33319	□Director	
President		□President	
□Vice President		□ Vice President	
#Secretary	□ Treasurer	☐ Secretary	☐Treasurer
□Other	Other	□ Other	CiOther
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□ Vice President		□ Vice President	
□ Secretary	□Treasurer		□ Treasurer
□Other	□ Other	Other	⊡Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	· <u>····</u>
□Vice President		□ Vice President	
□ Secretary	□ Treasurer	□ Secretary	Treasurer
□Other	□Other	☐ Other	□Other □
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of the control of th	rtment of State Annual Rep	port form.
12. Jas	Oga/ Gonages Signature of Direct	or or Officer	
The officer or direct	ctor signing this document (and who is listed in nu- lise information submitted in a document to the De	mbor 11 above) affirms the	I the facts stated herein are true and that he or

s.817,155, F.S.

13. LaToya Monagas, President

(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jona Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

GEMINI TRUCKING ENTERPRISES

is a

Corporation

formed or registered on 10/31/2006 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20061446594.

This confficate reflects facts established or disclosed by documents delivered to this office on paper through 06/24/2022 that have been posted, and by documents delivered to this office electronically through 06/27/2022 @ 08:57:38.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/27/2022 @ 08:57:38 in accordance with applicable law. This certificate is assigned Confirmation Number 14120733



Secretary of State of the State of Colorado

Statics. A scriftgate issued electromically from the Colorado Seen twy of Statics. Web site is fully and immediately galid and effective. However, as an option, the issuance and validity of a certificate obtained electromically may be established by visiting the Validate a Certificate page of the Secretary of State's Pich site. http://www.cos.static.vo.av/bit/fertificate/Search/Criteria.do entering the certificate is merely optional and in not necessary to the solid and effective language of a certificate is merely optional and in not necessary to the solid and effective language of a certificate. For more information, visit our Web site, http://www.solidate.co.av/cilick/Pastnesses.trademarks.trade.numes** and wicet "Frequently Asked Questions."