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S. ROBERTS AUG - 4 2022

COVER LETTER

~	ation Section of Corpora				
SUBJECT: _	•				
Sobsect		Name of co	orporation	- must include suffix	
Dear Sir or Mad	lam;				
"Certificate of E	xistence," o		Good Stanc	authorization to Transact ling" and check are subm s in Florida.	
Please return all	correspond	ence concerning t	his matter	to the following:	
Mariel Rodriguez	<i>.</i>				
			Name of F	rerson	
Velazquez Logist	tics Corp				
			Firm/Comp	oany	
1041 Winding W	ater Way		•	•	
			Addre	SS	
Clermont, Fl. 347	714				
·		Ci	ty/State an	d Zip code	
mariel@velazque	zlogisticscor	p.com			
	H	-mail address: (to	be used fo	or future annual report no	tification)
For further infor	mation cond	erning this matte	r, please ca	ill:	
Mariel Rodriguez	<u> </u>	at (774	438-9562	
Name c	of Person			Daytime Telepho	one Number
Registra Division The Cer 2415 N.	ntion Section 1 of Corpora ntre of Talla	tions hassee reet, Suite 810		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	k payable to:	following amount FLORIDA DEPA S78.75 Filing For Certificate of St	RTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

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.

Velazquez Logi	istics Corp.					
	corporation; must include "INCORPORAT forp." "Inc." "Co." or "Corp.")	ED,"	"COMPANY," "CORPORATION			_
V. Log	able in Florida, enter alternate corporate na					
(If name unavail	able in Florida, enter alternate corporate na	ime ad	opted for the purpose of transacting	business in	Florida))
2. Massachussett		3 872875364				
(State or countr	y under the law of which it is incorporated		3. (FEI number, if applicable)		_	
4. 10/02/2021						
(Date	of incorporation)		5. (Date of duration, if other than perpetual)			_
6.						
			lorida, if prior to registration) 2, F.S., to determine penalty liability	y)		
7 634 State Road U	Jnit A Dartmouth, Massachussets , 02747					
·	(Principal	office	street address)	1/0		_
				-	2	
	(Current m	ailing	address, if different)	<u> </u>	NZ AUG	-
				·–	(1) (2)	
8. Name and street	et address of Florida registered agent:	(P.O.	Box NOT acceptable)	· 1	-	
Name:	Mariel Rodriguez			:	PH	;
	1041 Winding Water Way		···	-		-, •
Office Address:			_	77.	$\overline{\omega}$	
			, Florida			
	(City)		(Zip code)			

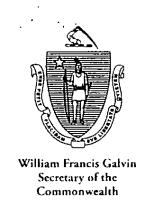
9. Registered agent's acceptance:

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			
□Chairman	Guadalupe Velazquez Name:	□Chairman	Yolanda Navarro Name:
□Vice Chairman	Address: 270 Cedar St.#2 New Bedford	□Vice Chairman	Address: 1041 Windind Water Way
□Director	Ma, 02740	Director	Clermont, Fl. 34714
■ President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	□Other	Other
☐ Chairman ☐ Vice Chairman ☐ Director	Mariel Rodriguez Name:	☐Chairman ☐Vice Chairman ☐Director	Name: Wilfredo Rivera Address: 1041 Windind Water Way Clermont, Fl. 34714
□ President		□ President □ Vice President	
☐Secretary ☐Other	☐ Treasurer	☐ Secretary General N	□Treasurer Aanager □Other
☐ Chairman ☐ Vice Chairman ☐ Director	Name: Harold Velazquez 370 Cedar St.#2 New Bedford Ma, 02740		Name:
□President		□President	
□Vice President		□ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
General N	Manager Other	□ Other	Other
The officer or direct she is aware that fars.817.155, F.S.	Use an attachment to report more than six (6). The added to the index when filing your Florida Depar Signature of Directors signing this document (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in a document to the Departure of Directors (and who is listed in number information submitted in number	tment of State Annual Re or or Officer nber 11 above) affirms the	port form. at the facts stated herein are true and that he or



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: July 29, 2022

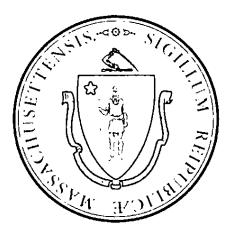
To Whom It May Concern:

Thereby certify that,

VELAZQUEZ LOGISTICS CORP.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on October 02, 2021.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travino Galicin

Certificate Number: 22080015130

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

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