F23000004563

(Requestor's Name)				
(Address)				
(Address)				
	(City/State/Zip/Phone #)	_		
PICK-UF	P WAIT MAIL			
	(Business Entity Name)	-		
(Document Number)				
Certified Copies	Certificates of Status	_		
Special Instructions	s to Filing Officer:			
 		_		

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COVER LETTER

TO:	O: Registration Section Division of Corporations				
SUBJ	JECT:				
		Name of corporat	ion - mı	ist include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence,"	by Foreign Corporation to or "Certificate of Good Sorporation to transact bus	tanding	and check are sub-	
Please	return all correspond	lence concerning this ma	tter to th	ne following:	
		Name	of Perso	on	
Amol	l Law Group, P.A.				
		Firm/C	ompany	,	
203 Pa	ark Lake Street				
-		Ac	ldress		
Orland	lo, FL 32803				
		City/Stat	e and Z	ip code	
wroge	rs@thearnoldlawgroup.				
		E-mail address: (to be use	ed for fu	ture annual report n	otification)
For fu	rther information cor	cerning this matter, pleas	se call:		
Walter	Walter Rogers at (407) 246-1950				
	Name of Person	Area (Code	Daytime Telepl	none Number
	STREET/COURI Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	n ations ahassee creet, Suite 810		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please	• •	following amount: : FLORIDA DEPARTME] \$78.75 Filing Fee & Certificate of Status	□ \$78	STATE 3.75 Filing Fee & rtified 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.

	corporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"		
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")			
(If name unavail	able in Florida, enter alternate corporate name a	idopted for the purpose of transacting bus	iness in Florida)	
2. Illinois	3.	37-1915699		
	ry under the law of which it is incorporated)	(FEI number, if applicab	ole)	
4. January 29, 202				
(Date	e of incorporation)	(Date of duration, if other than p	erpetual)	
6			23	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	23 JUL 67. FERF.	
77	in Road, No. 308, Schaumburg, FL 60173	· - · · · · · · · · · · · · · · · · · ·	- 5 2	
	(Principal offic	ce <u>street</u> address)	(A) P	()
	(Current mailin	g address, if different)	: 1-11 -4	
	(Current manni)	g address, it differently	四五 二	
8. Name and stree	et address of Florida registered agent: (P.O	. Box NOT acceptable)	, - 1	
Name:	Aziz Abrorov			
Office Address:	12047 Ballad Pl			
	Orlando	, Florida <u>32832</u>		
	(City)	(Zip code)		
Having been nan designated in this further agree to c	ent's acceptance: ned as registered agent and to accept services application, I hereby accept the appointments of with the provisions of all statutes remains and accept the obligations of my pos	ent as registered agent and agree to c clative to the proper and complete per	act in this capacity	y. I
_	1/1/0000/500			
	(Registered #gent's sign	gnature)		

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:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Orlando, FL 32832	□Director	
President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	Treasurer
Other	Other	Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	Other	Other
□ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□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 findex when filing your Florida Department of Direct Signature of Direct	artment of State Annual Re	d for reporting purposes only. Non-indexed port form.
Th			

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.



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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

GURMAN TRUCKING INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 29, 2020, 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 25TH day of JULY A.D. 2023.

Authentication #: 2320602584 verifiable until 07/25/2024

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

Aleyi Sianard