

Florida Department of State
 Division of Corporations
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 SECRETARY OF STATE
 TALLAHASSEE, FL
 FOREIGN PROFIT/NONPROFIT CORPORATION
 MURIELIS TRUCK SERVICES CO.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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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.*

1. Muriel's Truck Services Co.
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TEXAS 3. 84-3530373
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/07/2012 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1490 W 49 PL Suite 307 A. Hialeah, FL 33012
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

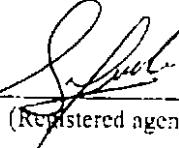
Name: Abdel F. Muriel's Truck Services

Office Address: 824 NW 30 PL

Miami, Florida 33125
(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.

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

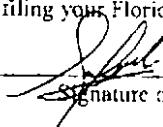
2023 AGP
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A. DIRECTORS

<input type="checkbox"/> Chairman	Name: <u>Abdel P. Alvarado Elias</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>824 NW 30 PL Ft Lauderdale FL 33312</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
 <input type="checkbox"/> Chairman	Name: _____	 <input type="checkbox"/> Chairman	Name: _____
 <input type="checkbox"/> Vice Chairman	Address: _____	 <input type="checkbox"/> Vice Chairman	Address: _____
 <input type="checkbox"/> Director	_____	 <input type="checkbox"/> Director	_____
 <input checked="" type="checkbox"/> President	_____	 <input type="checkbox"/> President	_____
 <input type="checkbox"/> Vice President	_____	 <input type="checkbox"/> Vice President	_____
 <input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	 <input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
 <input type="checkbox"/> Chairman	Name: _____	 <input type="checkbox"/> Chairman	Name: _____
 <input type="checkbox"/> Vice Chairman	Address: _____	 <input type="checkbox"/> Vice Chairman	Address: _____
 <input type="checkbox"/> Director	_____	 <input type="checkbox"/> Director	_____
 <input type="checkbox"/> President	_____	 <input type="checkbox"/> President	_____
 <input type="checkbox"/> Vice President	_____	 <input type="checkbox"/> Vice President	_____
 <input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	 <input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	 <input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

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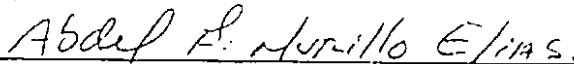
12. _____



Signature of Director or Officer

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.

13. _____



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

Corporations Section
P.O.Box 13697
Austin, Texas 78711-2697



Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for MURIELIS TRUCK SERVICES Co. (file number 803465707), a Domestic For-Profit Corporation, was filed in this office on November 07, 2019

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 20, 2023.

A handwritten signature of Jane Nelson.

Jane Nelson
Secretary of State



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