

F23000006095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

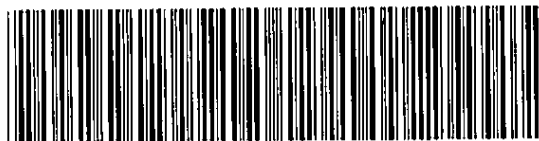
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Safeway Moving Systems Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Vincent O'Brien

Name of Person

O'Brien & Solomon, LLP

Firm/Company

15800 Pines Boulevard, Suite 3001

Address

Pembroke Pines, Florida 33027

City/State and Zip code

vobrien@ustransportlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vincent O'Brien

Name of Person

at (954) 483-8678

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified 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.*

1. Safeway Moving Systems Inc.
(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. Indiana 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 27, 2021 5. 87-3180549
(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. 5217 NW 33rd Avenue
(Principal office street address)

Fort Lauderdale, Florida 33309

(Current mailing address, if different)

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

Name: Vincent O'Brien

Office Address: 15800 Pines Boulevard, Suite 3001

Pembroke Pines, Florida, Florida 33027
(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.

Vincent O'Brien 10/17/2023
(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}:

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SECRETARY OF STATE
TALLAHASSEE, FL

A. DIRECTORS

Chairman Name Boris D. Svirsky
 Vice Chairman Address 2020 N. Bayshore Dr., Unit 1101
 Director Miami, Florida 33137

President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name
 Vice Chairman Address
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name
 Vice Chairman Address
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name Radmir Gorelik
 Vice Chairman Address 488 NE 18th Street, Unit 4106
 Director Miami, Florida 33137

President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name
 Vice Chairman Address
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Chairman Name
 Vice Chairman Address
 Director
 President
 Vice President
 Secretary Treasurer
 Other Other

Signature of Director or Officer

Signature of Director or Officer

Signature of Director or Officer

Printed name and capacity of person signing application

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

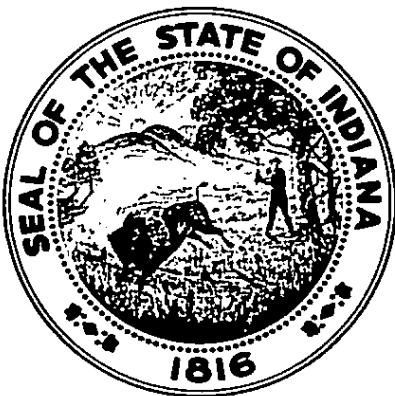
I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

SAFEWAY MOVING SYSTEMS INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 27, 2021, and was in existence or authorized to transact business in the State of Indiana on October 17, 2023.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 17, 2023

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202110271537614 / 20233422054

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on November 16, 2023.