

Florida Department of State
Division of Corporations
F23000001014

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
2023 DEC 19 PM 12:59
FLORIDA
TALLAHASSEE
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

FOREIGN PROFIT/NONPROFIT CORPORATION

Soowys Cargo Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2023 DEC 19 PM 8:14
FILED

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. Snowys Cargo Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
2. Minnesota
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. 12/16/2023
(Date of incorporation)
5. _____
(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. 3391 NW 127th ST Opa Locka FL 33054
(Principal office street address)
8531 Savanna Oaks LN Woodbury MN 55125
(Current mailing address, if different)

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

Name: Registered Agents Inc
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (Zip code)

FILED
2023 DEC 19 PM 8:13
TALLAHASSEE, FLORIDA

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.

David Roberts
(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]:

A. DIRECTORS

☐Chairman

Name: Manuel Vasquez

☐Vice Chairman

Address: 3391 NW 127th ST

☒Director

Opa Locka FL 33054

☒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:

☐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:

☐Vice Chairman

Address:

☐Director

☐President

☐Vice President

☐Secretary

☐Treasurer

☐Other

☐Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Manuel Vasquez

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. Manuel R. Vasquez / President

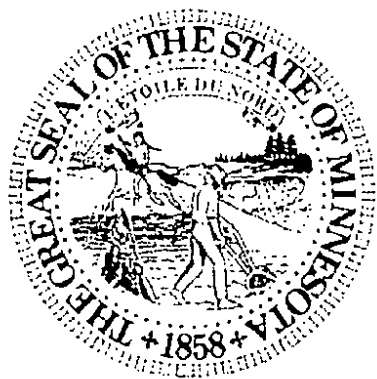
(Typed or printed name and capacity of person signing application)

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Soowys Cargo Inc
Date Filed:	12/16/2023
File Number:	1437150800024
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 12/18/2023



Steve Simon
Steve Simon
Secretary of State
State of Minnesota