(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Prione #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
1-0-4-56 451					
W23-145988					

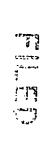
Office Use Only



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December 13, 2023

TARUN SINGH UPPAL 1032 E BRANDON BLVD #2288 BRANDON, FL 33511 US

SUBJECT: VALUE LOGISTICS INC Ref. Number: W23000165988

We have received your document for VALUE LOGISTICS INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 423A00028426

Ariel Jones Regulatory Specialist II

COVER LETTER

	gistration Section vision of Corporations				
SUBJEC	VALUE LOGISTICS INC				
		poration - must	include suffix		
Dear Sir or	Madam:				
"Certificate	ed "Application by Foreign Corporate of Existence," or "Certificate of Gorenced foreign corporation to transact	ood Standing" a	nd check are sub	et Business in Florida." mitted to register the	
Please retu	rn all correspondence concerning this	s matter to the f	ollowing:		
TARUN SI	NGH UPPAL				
	N	ame of Person			
VALUE LO	OGISTICS INC				
	Fi	rm/Company			
1032 E BRA	ANDON BLVD #2288				
		Address			
BRANDON	I, FL 33511				
	City	/State and Zip o	ode		
tarunuppal@	-				
	E-mail address: (to b	e used for futur	e annual report n	otification)	
For further	information concerning this matter,	please call:			
ABUZER A	AHMED SIDDIQUI		798-3907		
Na	une of Person Ar	rea Code	Daytime Telepl	none Number	
Re Di ⁱ Th 24	REET/COURIER ADDRESS: gistration Section vision of Corporations e Centre of Tallahassee 15 N. Monroe Street, Suite 810 llahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314		
	s a check for the following amount: check payable to: FLORIDA DEPAR ? Filing Fee	& □ \$78.7	ATE 5 Filing Fee & ied Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy	

ÁPPLICATION 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.

L VALUE LOGIS						_	
	orporation; must include "INCORPORATE orp." "Inc." "Co." or "Corp.")	:D.	" "COMPANY." "CORPORATION."				
A1 VALUE LO	GISTIC INC						
(If name unavaila	ible in Florida, enter alternate corporate na	me	adopted for the purpose of transacting l	ousiness in	Florid	3)	
2. GEORGIA			83-2979942				
	y under the law of which it is incorporated)	3. (FEI number, if applicable)		•			
12-09-2018		5.					
(Date of incorporation)		•	(Date of duration, if other than perpetual)				
NOT STARTEL	BUSINESS IN FLORIDA YET						
7	(Date first transacted busines) (SEE SECTIONS 607.1501 & 607. NT LN NW, STE 600, ATLANTA, GA 30	7.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability 3	ı			
	(Principal	offi	ice <u>street</u> address)				
1032 E BRANDO	ON BLVD #2288, BRANDON, FL 33511					_	
	(Current ma	ilin	ng address, if different)				
Name and street address of Florida registered agent: (P. Name: BRITIN SIMRAN SINGH BHANDARI			D. Box <u>NOT</u> acceptable)	SECRETAG	2024 FEB - I	600 600 600 600 600 600 600 600 600 600	
Office Address:	11602 FOX CREEK DR				PH	113	
control radio	TAMPA		. Florida 33635		4 3: 43	Ę	
	(City)		(Zip code)	177	ည်		

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	Name: TARUN SINGH UPPAL	□Chairman	Name: BRITIN SIMRAN S BHANDARI				
□Vice Chairman	Address: 1887 WHITNEY MESA DR	□Vice Chairman	Address:				
□Director	#6988	□Director	TAMPA, FL 33635				
□President	HENDERSON, NV 89014	□President					
□Vice President		□Vice President					
□ Secretary	☐ Treasurer	□Secretary	□Treasurer				
Other CEO	Other	■Other CFO	□Other				
□Chairman	Name: AUSTIN NIKHAIL S BHANDARI	□Chairman	Name:				
□Vice Chairman	Address: 11602 FOX CREEK DR	□Vice Chairman	Address:				
□Director	TAMPA, FL 33635	□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				
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 iding your Florida Department of State Annual Report form. 12. Signature of Birector or Officer							
The officer or direct	ctor cianing this document tand who is listed in number	11 above) affirms th	eat the facts stated berein are time and that he or				

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.

Control Number: 18151953

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

1. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Value Logistics Inc a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 26177338 Date Inc/Auth/Filed: 12/09/2018 Jurisdiction : Georgia 11/09/2023 Print Date

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State