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SECRETARY OF STATE OF STATE OF STATE

COVER LETTER

TO:	Registration Division of C					
SHR	JECT:		DOWNCITY C	ARGO	EXPRESS INC.	
30 D	JEC1	N	lame of corporat	ion - 1	nust include suffix	
Dear !	Sir or Madam:					
"Certi	ificate of Existe	nce," or "Certi	gn Corporation ficate of Good S n to transact bus	Standii	thorization to Transacting" and check are submin Florida.	Business in Florida," aitted to register the
Please	e return all corre	espondence cor	ncerning this ma	tter to	the following:	
			SHAWN T	AYLO	R	
			Name	of Pe	rson	
		<u>.</u>	Firm/C	Compa	ny	
	_	340) ROYAL POINC	HANA	WAY STE 317-309	
			A	ddress		
			PALM BEAC	H, FL	33480	
		<u></u>	City/Sta	te and	Zip code	
			ic4eye	-		
		E-mail ac	ddress: (to be us	ed for	future annual report no	otification)
For fu	irther informati	on concerning	this matter, plea	se call	:	
	SHAWN TAY	YLOR	561 at (,	779-7739 Daytime Telepho	
	Name of Per	rson	Area (ode	Daytime Teleph	one 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			
Please	osed is a check for make check pay 10,00 Filing Fee	rable to: FLORI	ig amount: DA DEPARTM! 5 Filing Fee & icate of Status		F STATE 578.75 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.

i	DOWNCITY	CARGO EXPRESS INC.					
		orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	"COMPANY," "CORPORATION,"			
(Ii	f name unavaila	able in Florida, enter alternate corporate nan	ne a	adopted for the purpose of transacting business i	n Florid	a)	
2. N	NEWYORK 399-		99-2247030	247030			
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)	(FEI number, if applicable)			
4. 09	9/24/2020		PERPETUAL 5.				
'	(Date of incorporation)		(Date of duration, if other than perpetual)				
6.							
				n Florida, if prior to registration) 602, F.S., to determine penalty liability)			
7		340 ROYAL POINCIA	NΛ	WAY STE 317-309 PALM BEACH, FL 33480)		
<i>'</i>		(Principal o	offi	ce street address)			
_		(Current ma	ilin	g address, if different)		_	
8. N	ame and stree	<u>et address</u> of Florida registered agent: (I	P.C). Box NOT acceptable)	24 A	HSIAIC 03S	
	Name:	SHAWN TAYLOR			Red'y	물濟 그런	
Offic	ce Address:	340 ROYAL POINCIANA WAY STE 3	۱7-	309	5 AM	203.5 203.5 203.5	
		PALM BEACH		. Florida 33480	- 3₹ φ:	F ST	
		(City)		(Zip code)	ယ	TIONS	
						ťΛ	

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:	□Chairman	Name:		
□Vice Chairman	Address: 340 ROYAL POINCIANA WAY	□Vice Chairman	Address:		
Director	STE 317-309	□Director		<u></u>	
President	PALM BEACH, FL 33480	□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	ſ	☐Treasurer	
□Other	Other	□Other		Other	
□Chairman	Name:	□ Chairman			
□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 attachment to report more than six (6). The attachment added to the index when filling your Florida Departm	nt of State Annual R	eport form.		
12	de 1	·/	_		
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	SHAWN TAYLOR	PRESIDENT			
	(Typed or printed name and capacity of pers	on signing application	n)		

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: DOWNCITY CARGO EXPRESS INC.

DOS ID Number: 5843046

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 09/24/2020

Statement Status: CURRENT Statement Due Date: 09/30/2026

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 02, 2024 at 09:15 A.M.

Brandon C Hylan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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