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SECRETARY OF STATE OF CORPORATIONS 24 APR 22 PM 3: 48

## **COVER LETTER**

TO:		tration Section of Corpor					
SUBJI	FCT.	SANBOY TI	RANSPORT IN	С			
3000	ECI.		Name	of corporation	ı - must	include suffix	
Dear S	ir or M	adam:					
"Certif	icate o	f Existence,"		of Good Star	nding" a	nd check are sub	ct Business in Florida," mitted to register the
Please	return :	all correspon	dence concern	ing this matte	r to the f	ollowing:	
BOBUI	R RAZZ	ZAKBERDIEV	7				
				Name of	Person		
	<del></del>			Firm/Con	npany		<del></del> -
9450 SA	ARDIN	IA WAY APT	104				
				Addr	ess	1	,
FORT I	MYERS	S, FLORIDA,	33908				
-				City/State a	nd Zip c	ode	
AZARI	AH.INI	FO2024@GM	AIL.COM				
			E-mail addres	s: (to be used	for futur	e annual report r	notification)
For fur	ther in	formation co	ncerning this n	natter, please	call:		
BOBUL	R RAZZ	ZAKBERDIEV	7	757	703-	0000	
	Name	e of Person		Area Cod	le	Daytime Telep	hone Number
	Regis Divis The C 2415	tration Section of Corportential	rations ahassee treet, Suite 810			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Please n	nake ch	eck payable to	following am: FLORIDA D  S78.75 Filin Certificate	EPARTMENT  ig Fee & - 0	<b>⊈</b> \$78.75	ATE 5 Filing Fee & ied Copy	S87.50 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.

(If name unavail		e adopted for the purpose of transacting business in Florid	la)	
ILLINOIS				
(State or countr	(State or country under the law of which it is incorporated) (FEI number, if applicable)			
01-29-2018	5	(Date of duration, if other than perpetual)		
(Date of incorporation)		(Date of duration, if other than perpetual)		
. ) 1/	(SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		10-
032/	1) t mps (ER 8) LC. (Principal of	nit 110 MORTON GROVE Tice street address)	<u> </u>	50C
<del>.</del>	(Current mail	ing address, if different)	_	
Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	24	ر ۱۷۱ز
Name: BOBUR RAZZAKBERDIEV			24 APR 2	SIONE
ffice Address:	9450 SARDINIA WAY APT 104		~~	100 J
	FORT MYERS	, Florida 33908	S 문	유양
	(City)	(Zip code)	<b>69</b>	A16 216
aving been nam	application, I hereby accept the appoint	vice of process for the above stated corporation at the tment as registered agent and agree to act in this ca relative to the proper and complete performance of	pacity	y. <b>I</b>

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

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	Komildjon							
□Chairman	Name: Razzakberoliev	17 Chairman	Name:					
□ Vice Chairman	Address: 6321 DEMPSTER ST Lenit 110 horton Grove, 11.600s	□Vice Chairman	Address:					
□Director	- THORPON CAROVE, IL. 6003	□Director						
President	the state of the s	□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	<del></del>	Other				
[]Chairman	Name:	□ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		Director						
□President		President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	□Secretary		□Treasurcr				
□Other		Other		□Other				
	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department			poses only. Non-indexed				
12			-					
1 ú	Signature of Director or	r 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. <u>K</u>	13. Konsiletjon Razzauboroties (president)  (Typed or printed name and capacity of person signing application)							
(Typed or printed name and capacity of person signing application)								

#### File Number

7164-459-6



# To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

### Department of Business Services. I certify that

SANBOY TRANSPORT INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 29, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of APRIL A.D. 2024.

Authentication #; 2410601562 verifiable until 04/17/2025

Authenticate at: https://www.ilsos.gov

Alexi Giannol