Division of Corporations



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FOREIGN PROFIT/NONPROFIT CORPORATION ROUTES AUTO HAULERS, INC.

Certificate of Status	0
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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 unavai	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting busine	ss in Florida)	
DELAWADE				
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)		
8/13/2024	5.			
(Date	of incorporation)	5. (Date of duration, if other than perpetual)		
	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration)		
8443 MCCOY R	OAD, ORLANDO, FLORIDA 32822	2, r.s., to determine penalty hability)		
	(Principal office	street address)		
	() Metpat Office	address)		
	(Current mailing	address, if different)		
			787	
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	Zuz4 00 i 2	
Name:	HARDEEP NAGRA		≟: 2	
ffice Address:	8443 MCCOY ROAD		ယ	
ince Address;	ORLANDO			
	ORLANDO	, Florida	رن ب	
	(City)	(Zip code)	6	

(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: HARDEEP NAGRA	□ Chairman	Name: HARBINDER ATHWAL				
□Vice Chairman	Address:	□Vice Chairman	Address: 269 KENILWORTH AVE. N				
Director	OAKVILLE, ON L6J 3X7 CANADA	Director	HAMILTON, ON L8H 4S6 CANADA				
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				
□Chai rman	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 filing your Florida Department of State Annual Report form.							
12. Signature of Director or Officer							
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 begain are true and that he of the officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated begain are true and that he of the officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated begain are true and that he officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated begain are true and that he of the officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated begain as the officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated begain as the officer or director significant that the facts stated begain as the officer or director significant that the facts stated begain the officer or director significant that the facts stated begain the officer of the officer or director significant the facts stated begain the officer of the officer or director significant that the facts of the officer or director significant that the facts of the officer of the officer or director significant that the officer or director significant that the officer of the officer or director significant that the officer or director significant than the officer or director significant that the officer or direct							

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.



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ROUTES AUTO HAULERS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF OCTOBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROUTES AUTO
HAULERS, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF AUGUST,
A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 204699360

Date: 10-23-24