

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

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

Email Address: _____

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

FOREIGN PROFIT/NONPROFIT CORPORATION MKDS STORM LOGISTICS INC

Certificate of Status	0
Certified Copy	0
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DIVISION OF CORPORATIONS

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DEC 17 2024

K. Brumbley

1/1

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

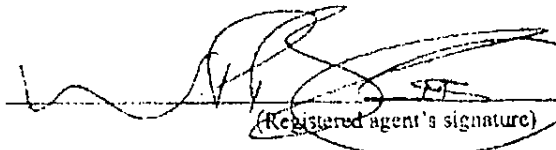
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MKDS Storm Logistics Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. DELAWARE 3. 33-2206475
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. DECEMBER 2, 2024 5. 12/03/25
(Date of incorporation) (Date of duration, if other than perpetual)
6. UPON QUALIFICATION
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 803 North Pine Hills Rd Orlando, 32808
(Principal office street address)

(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: AGENTS AND CORPORATIONS, INC.
Office Address: 91 NINTH STREET SOUTH, SUITE 330
NAPLES Florida 34102
(City) (Zip code)

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) Asst Sec.

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):

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AND
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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

A. DIRECTORS

☐ Chairman Name: SHAWN CROCKETT

☐ Vice Chairman Address: 4613 Kalispeli Kissimmee Florida 34758

☐ Director _____

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CBDO ☐ Other _____

☐ Chairman Name: MICHELE CROCKETT

☐ Vice Chairman Address: 4613 Kalispeli Kissimmee Florida 3475

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☒ Treasurer

☒ Other CHRO ☐ Other _____

☐ Chairman Name: DARWIN MARTINEZ

☐ Vice Chairman Address: 510 Brookshire Dr. Davenport Florida 33837

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: KARLA MARTINEZ

☐ Vice Chairman Address: 510 Brookshire Dr. Davenport Florida 33837

☐ Director _____

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☒ Other COO ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

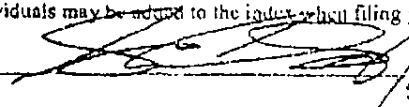
☐ President _____

☐ 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.  _____
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 Crockett Vice-President CBDO
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MKDS STORM LOGISTICS 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 THIRTEENTH DAY OF DECEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MKDS STORM LOGISTICS INC" WAS INCORPORATED ON THE SECOND DAY OF DECEMBER, A.D. 2024.

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



10022818 8300

SR# 20244483885

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 205123758

Date: 12-13-24