

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

Office Use Only



200453155692

06/25/25--6/05/-- 02 8/ 0.00

SECH TARKE SET DIVISION OF A PHILL 2.

COVER LETTER .

TO:	Registration : Division of C							
SHRI	FCT.	ACROS	S LOGISTIC	ES US	S, INC.			
3000	Name of corporation - must include suffix							
Dear S	ir or Madam:							
"Certi	ficate of Existe		of Good Sta	nding	norization to Transact Bu " and check are submitte Florida.			
Please	return all corre	espondence concernin	g this matte	r to t	he following:			
		1	GNACIO C	ANA	VESSI			
			Name of	Pers	on			
		M	TR & ASSO	CIAT	ES LLC			
		·	Firm/Co	npan	y			
		703	WATERFOR	RD W	AY STE 805			
			Addi	ress				
			MIAMI, F	L 331	26			
		 	City/State	and Z	lip code			
		je	spinosa@act	rosslo	gistics.com			
		E-mail address:	(to be used	for f	ature annual report notifi	cation)		
For fu	rther information	on concerning this ma	tter, please	call:				
IGNACIO CANAVESSI Name of Person		305 1 () Area Code		471-5874				
				Daytime Telephone	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		on rations		
Please		or the following amou able to: FLORIDA DEI S78.75 Filing Certificate of	PARTMEN Fee &[□ \$7		\$87.50 Filing Fee. Certificate of Status & Certified Copy		

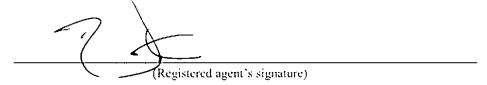
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

	ACROSS LOGISTICS US, INC.			
(Enter name of c	orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATION,"		
(If name unavails	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting bus	siness in Florida)	
TEXAS	3	35-2805965		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	ble)	
	/5/2025 5			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
5.				
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.	orida, if prior to registration)	.	
1201 FANNIN S	T STE 108, HOUSTON, TX 77002	1.5 to determine penany hability)		
7	(Principal office s	treet address)		
1201 FANNIN S	T STE 108, HOUSTON, TX 77002		~~	
	(Current mailing ac	Idress, if different)	~ ~	
			. نئ	
8. Name and stree	<u>et address</u> of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	## 138 35 ## 138 35	
Name:	MTR & ASSOCIATES LLC			
Name:	703 WATERFORD WAY STE 805	<u>-</u>	26	
Office Address:	WATERFORD WAT 512 003	_		
	МІАМІ	, Florida		
	(City)	(Zip code)		

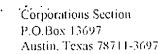
9. Registered agent's acceptance:

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.



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	JESUS M ESPINOSA RAMOS Name:	□Chairman □Vice Chairman □Director	Name:Address:	
□Vice Chairman	Address:			
Director	HOUSTON, TX 77002			
□President		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	Secretary	i	□ Treasurei
□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
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□President		□President		
□Vice President		□Vice President		,-
☐ Secretary	☐Treasurer	☐ Secretary	Į	∃Treasurer
Other	Other	Other		Other
	Jse an attachment to report more than six (6). The attach added to the index when filing your Florida Departmen Signature of Director or	it of State Annual Re	port form.	•
	etor signing this document (and who is listed in number lise information submitted in a document to the Departm	nent of State constitu		





Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Across Logistics US, Inc. (file number 805068968), a Domestic For-Profit Corporation, was filed in this office on May 12, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 13, 2025.



John Melson

Jane Nelson Secretary of State