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J. HARRIS

· COVER LETTER

TO:

	egistration Section ivision of Corporatio	ns			
SUBJECT	IMPORTER CARG				
SUBJECT	•		Limited Liability (Company	
					ansact Business in Florida," Certificate of y company to transact business in Florida
Please retu	rn all correspondence	concerning this matter to the	following:		
	Thomas Law				
		N	ame of Person		
	Highpoint Off	ice Solutions Inc.			
		F	irm/Company		
	118 Baxter Str	reet, Suite 402			
			Address		
	New York, NY	7 10013			
		City/S	tate and Zip Code		
	highpointcorp@	aol.com			
		E-mail address: (to be use	d for future annual	report no	tification)
For further	information concernit	ng this matter, please call:			
Т	homas Law		212 at (343-28	10
_	Name	of Contact Person	Area Code		time Telephone Number
D R P.	IAILING ADDRESS ivision of Corporation egistration Section O. Box 6327 allahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301
	s a check for the follow \$125.00 Filing Fee	ving amount: \$\preceq\$ \$130.00 Filing Fee & Certificate of Status	■ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

r alterns							
	ate name adopted for the purpose "LLC.")	of trar	sacting busines	s in Florida. The alternate n	ame must inc	lude "l	imited
		3.	46-2157590				
aw of w)	hich foreign limited liability			(FEI number, if applicable	e)		
	(Date first transacted busines (See sections 605.0904 & 605.0	ss in FI 0905, F	orida, if prior to .S. to determine	registration.) penalty liability)			
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	(Street Address of P	rincipa	l Office)		; -af	0.7	
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53						CD CD	EST No
	(Mailing A	Address)		- 335	က်	1,71
ress of	Florida registered agent: (P.0	O. Box	NOT accent:	able)	**************************************	-0	P. T.
	nelle Sandoval		<u></u>			PH 12:	
10:	52 Wilson Street			-	-	<u> </u>	
s:				- 22020	12		
	ollywood			, Florida 33020 (Zip code)	<u> </u>		
eptanc	(City)			(Zip code)			
ication, isions c	ered agent and to accept serv. I hereby accept the appoints of all statutes relative to the position as registered agent. (Register)	ment a proper Làn	s registered ap	gent and agree to act in t	his capacity	. I fu	rther ag
apacity	and address of the person(s)	who h	s/have authori	ty to manage is/are:			
ber							
_ynbroc	ok, NY 11563						
			,				
	xistence, no more than 90 day hich it is organized. (If the ce itted)	rtificat	e is in a foreig	n language, a translation			
	itted)	}	_		of	the certii	the certificate i

Typed or printed name of signee

Jimmy Sandoval

State of New York Department of State } ss

I hereby certify, that IMPORTER CARGOEXPRESS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/14/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



Witness my hand and the official seal of the Department of State at the City of Albany, this 29th day of January two thousand and sixteen.

Anthony Giardina Executive Deputy Secretary of State

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