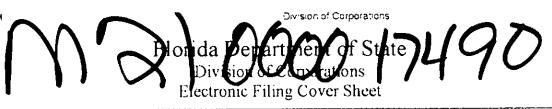
p.2

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(((H21000445454 3)))



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To:

Division of Corporations

Private And Confidential.

Fax Number : (850)617-6383

From:

Account Name : ACCUMERA LLC Account Number : 120090000079 Phone : (518)937-9117 : (518)937-9128 Fax Number

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

filings@accumera.com Email Address:

Foreign Limited Liability Company Parker Capital, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$125.00 |

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Electronic Filing Menu Corporate Filing Menu

Help

(((H21000445454 3))) COVERLETTER

| TO: | Registration Section |
|-----|--------------------------|
| | Division of Corporations |

| Div | ision of Corporation | ıs | | | | | |
|--|--|--|---|-----------------------------|---|---------------------------|--|
| SUBLECT: | Valley Capital Truc | cing LLC | | | | | |
| | Name of Limited Liability Company | | | | | | |
| The encloses Existence, as | d "Application by For nd check are submitte | eign Limited Liability Comp d to register the above refere | any for Authoriza nced foreign limit | tion to Tra ed liability | nsact Business in Florida," Cer company to transact business i | tificate of in Florida | |
| Please return | all correspondence c | oncerning this matter to the f | ollowing: | | | | |
| | Megan Burke | | | | | | |
| | Name of Person | | | | | | |
| | Accumera LLC | | | | | | |
| Firm/Company | | | | | | | |
| | 911 Central Av | e., #101 | | | | | |
| | | | Address | | | | |
| | Albany, NY 12206 | | | | | | |
| | | City/St | ate and Zip Code | | | | |
| | filings@accumen | a.com | | | | | |
| | | E-mail address: (to be used | for future annual | report not | ification) | | |
| For further i | nformation concerning | g this matter, please call: | | | | | |
| Me | egan Burke | | 518 at (| 937-91 | 17 | | |
| | Name o | f Contact Person | Area Code | Day | time Telephone Number | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | | |
| | a check for the follow \$125.00 Filing Fee | ing amount: \$\text{\text{\$\sum}} \text{\$\sum \$\text{\$\sum \$\text{\$\ext{\$\exitt{\$\ext{\$\text{\$\exitt{\$\exitt{\$\exitt{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\exitt{\$\text{\$\text{\$\exitt{\$\text{\$\exitt{\$\$}}}}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}} | S155.00 Film Certified Copy | ig Fee & | ☐ \$160.00 Filing Fee, Certifiction of Status & Certified Copy | icate | |

From:5189379128

(((H21000445454 3)))

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Valley Capital Trucking | g LLC ign Limited Liability Company; must include "Li | - de la Collega Company W. T. C. Hos | W() C ") | | _ |
|--|---|---|----------------------------|--------------|------------------------|
| (Name of Fore | righ Elmited Liability Company; must include "Li | imited Liability Company, L.L.C., or | TLLC. | | |
| (If name unavailable, enter al Liability Company," "L.L.C," | ternate name adopted for the purpose of transacting or "LLC.") | ng business in Florida. The alternate nam | ne must inc | lude "Li | mited |
| 2. Nevada | 3 | | | | |
| company is organized) | of which foreign limited liability | (FEI number, if applicable) | | | |
| 4. December 3, 2021 | /D f | If a last a sector of an \ | - | | |
| | (Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to | determine penalty liability) | | | |
| 5. 1275 Lake Shadow Cir | r., Bldg. 13 | | _ | | |
| Maitland, FL 32751 | | | | | |
| | (Street Address of Principal Offi | ce) | - | | |
| 6 | | | _ | 12.3 | |
| | (Mailing Address) | | : | | |
| | , , | | • • | G | 1 |
| Name and <u>street addres</u> | s of Florida registered agent: (P.O. Box NO | OT acceptable) | | | |
| Name: | Suhail Hassam | <u></u> | 1145 | با :10 الله | |
| Office Address: | 1275 Lake Shadow Cir., Bldg. 13 WHT 310 | | J.A. | = | |
| | Maitland | , Florida <u>32751</u> | _ | | |
| Registered agent's accep | (City) | (Zip code) | | | |
| designated in this applicate to complywith the provision | gistered agent and to accept service of procition, I hereby accept the appointment as regons of all statutes relative to the proper and my position as registered agent. Sukail Ho | gistered agent and agree to act in the complete performance of my duties | is capacit | y. I fiu | ther agree |
| | (Registered agent's | signature) | _ | | |
| 8. The name, title or cape | acity and address of the person(s) who has/ha | ive authority to manage is/are: | | | |
| | 311 Arthur Ave., Englewood Cliffs, NY 076 | | | | |
| Akil Hassam, Member, 3 | 11 Arthur Ave., Englewood Cliffs, NY 0763 | 2 | | • | |
| | | | | - | |
| 9. Attached is a certificate jurisdiction under the law of the translator must be so | of existence, no more than 90 days old, duly of which it is organized. (If the certificate is abmitted) | authenticated by the official having in a foreign language, a translation o | custody of the certi | f record | Is in the nder oath |
| | Suhail Has | sam | | | |
| | Signature of an author | ized person | | | |
| This document is executed submitted in a document to | in accordance with section 605.0203 (1) (b) the Department of State constitutes a third of | , Florida Statutes. I am aware that an legree felony as provided for in s.817 | y false inf 1.155, F.S. | ormatio | n |
| | Suhail Hassam | | | | |

Typed or printed name of signee (((H21000445454 3)))

p.4

(((H21000445454 3)))

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, Valley Capital Trucking LLC, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/22/2021, and is in good standing in this state.

Certificate Number: B202112072207858

You may verify this certificate online at http://www.nysos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/07/2021.

Barbara K. Cegavske
BARBARA K. CEGAVSKE
Secretary of State