# W2200003015

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
W2200	0015054	olat
	Office Use O	r nly



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S. FRANKLIN FEB 2 6 2022

#### COVER LETTER

_	ation Section n of Corporations			
SUBJECT: T	OP NOTCH TRUCKERS,	INC.		
_	Name	of corporation -	must include suffix	<del></del>
Dear Sir or Mac	lam:			
"Certificate of I		e of Good Standi	uthorization to Transact Bing" and check are submit in Florida.	
Please return all	correspondence concern	ning this matter to	o the following:	
JAKHONGIR FA	AYZIEV			
	<del>-</del> -	Name of Pe	erson	2027
TOP NOTCH TR	RUCKERS INC			2022 FEB
		Firm/Comp	any	: N
7200 LAKE ELL	ENOR DR STE 207			<i>₹</i> 20 ± 2
	<del></del>	Addres	S	<del> </del>
ORLANDO, FL	32809			15: 4 15: 4
<del></del> ,	<del></del>	City/State and	d Zip code	<del> </del>
jfayz@tntruckers	.com			
	E-mail addres	ss: (to be used for	r future annual report noti	fication)
For further info	rmation concerning this	matter, please cal	И:	
Jay Fayz		at (	787-7777	
Name o	of Person	Area Code	Daytime Telephon	e Number
Registra Division The Cer 2415 N	CT/COURIER ADDRES ation Section of Corporations ntre of Tallahassee . Monroe Street, Suite 81 ssee, FL 32303		MAILING ADD Registration Section of Corpo P.O. Box 6327 Tallahassee, FL	ion orations
	ieck for the following and k payable to: FLORIDA I g Fee	DEPARTMENT ( ing Fee &  ightharpoonup   1		■ \$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.

(It hame unavan	able in Florida, enter alternate corporate name ad	• • •	iness in Florida)	
. <u>————</u>	3.	85-1247287  (FEI number, if applicable)		
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicab	ole)	
06/01/2020	5	(Date of duration, if other than p		
	of incorporation)	(Date of duration, if other than perpetual)		
02/15/2022				
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502			
7200 Lake Elleno	or Dr Ste 207 Orlando, FL 32809			
	(Principal office	street address)		
	(		207	
	(Current mailing :	address, if different)	27 FE	
			FEB 2	
Name and stree	et_address of Florida registered agent: (P.O. l	Box NOT acceptable)	2 %	
Name:	Jakhongir Fayziev		EB 22 PH	
ranc.	7200 Lake Ellenor Dr Ste 207	<del></del>	PH 12: 1.6	
ffice Address:				
ffice Address:	Orlando	, Florida 32809 (Zip code)	•	

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 JAKHONGIR FAYZIEV [] Chairman Name: □ Chairman 7200 LAKE ELLENOR DR □Vice Chairman Address: □ Vice Chairman Address: SUITE 207 □Director □ Director ORLANDO, FL 32809 []President President □Vice President □ Vice President □Treasurer □ Secretary □Treasurer □ Secretary □Other\_\_\_\_\_ □Other □ Name: Name: □Chairman □ Chairman □ Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □President □President ☐ Vice President □Vice President \_ ☐ Secretary ☐Treasurer ☐ Secretary □Treasurer □Other \_\_\_\_\_\_ Other \_\_\_\_ Other \_\_\_\_\_ □Chairman Name: □ Chairman Name: \_\_\_\_ □Vice Chairman Address: □Vice Chairman Address: \_\_\_\_\_\_ □ Director □ Director □President (I)President ☐Vice President □Vice President \_ □Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary [[Other \_\_ Other \_\_\_\_\_ l]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 Forida Department of State Annual Report form. 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.

(Typed or printed name and capacity of person signing application)

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show TOP NOTCH TRUCKERS INC., an Ohio corporation, Charter No. 4480947, having its principal location in Cuyahoga Falls, County of Summit, was incorporated on June 1, 2020 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus. Othor this 24th day of January, A.D. 2023

Ohio Secretary of State

I flore

Validation Number: 202202405498