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Foreign Limited Liability Company Transgroup Express, LLC

Certificate of Status	0
Certified Copy	1
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To:

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

2022-10-13 13:25:01 CST

IN COMPLIANCE WITH SECTION 6/6/0902, FLORIDA STATUTEN THE FOLLOWING IS SUBVITTED TO REGISTER A FOREKIN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Transgroup Express, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I. C.," or "LLC") (If name unavailable, enter alternate name adopted for the purpose of bankacting business in Florida. The alternate name must include "Lamited Lidolity Company," "L3_C," or "L1 C ' is WASHINGTON Jurisdiction under the law of which foreign limited liability company is organized, (Date first transacted business in Planda, if prior to registration.) (See sections 605-6904 & 605-0905, F.S. to determine penalty hability). 18850 STH AVE. SOUTH, STE. 100 18850 8TH AVE. SOUTH, STE, 100 6. (Mailing Address) (Street Address of Principal Office) SEATTLE, WA, 98148 SEATTLE, WA, 98148 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name. 1200 South Pine Island Road Office Address: 33324 Plantation Florida (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

	C	T Corporation System	
Вy:	والمستويد		
		(Registered agent's signature)	-

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: TRANSGROUP GLOBAL, INC.	□Manager	Name: Julien Ranzato
□Member	Address: 666 5th Ave., 36 Fl,	□Member	Address:
□ Authorized	New York, NY, 10103, USA	☐ Authorized	STE. 100
Person		Person	SEATTLE, WA, 98148
GOVERNO GOVERNO	DR	Other Chief Execu	utive Officer Other
□Manager	Name: Angie Santillan	□Manager	Name: Douglas Berry
□Member	Address: 18850 8TH AVE. SOUTH	□Member	Address: 18850 8TH AVE. SOUTH
□Authorized	STE. 100	☐ Authorized	STE, 100
Person	SEATTLE, WA, 98148	Person	SEATTLE, WA, 98148
	istrator Officer	Other Chief Finance	cial Officer COthor
□Manager	Name:	□Manager	Name:
	Address:	□Member	Address:
□Authorized		□Authorized	- 5
Person		Person	
□Other	□Otler	□Other	Other S

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.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official leaving custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any 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.

Signature of an Authorized person

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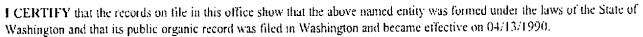
Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

TRANSGROUP EXPRESS, LLC



I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/16/2022 UBI Number: 601 243 032

R Hollie



Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 09/16.2022