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(Requestor's Name)

(Address)

(Address)

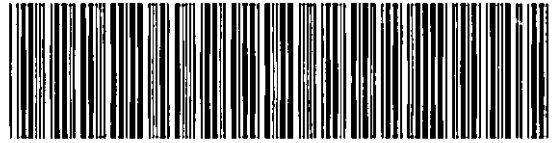
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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01/11/21--01023--027 **78.75

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1/20/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spirit Transport, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brian Bachoo

Name of Person

Spirit Transport, Inc.

Firm/Company

1680 Michigan Avenue

Address

Miami Beach, FL 33139

Suite 700

City/State and Zip code

support@spirittransportinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Bachoo

at (786)

738-9003

Name of Person

Area Code

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee

\$78.75 Filing Fee &
Certificate of Status

\$78.75 Filing Fee &
Certified Copy

\$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.

1. Spirit Transport, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

Spirit B Transports Inc
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Montana 3. 85-4142530
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/14/2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1680 Michigan Avenue Suite 700 Miami Beach, FL 33139
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Momentum Business Center, Inc.
Office Address: 1680 Michigan Avenue Suite 700
Miami Beach, Florida 33139
(City) (Zip code)

2017 JUN 20 PM 6:55

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.

[Signature] President
(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: Brian Bachoo

Vice Chairman Address: 1680 Michigan Avenue

Director Miami Beach, FL 33139

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Brian Bachoo

Vice Chairman Address: 1680 Michigan Avenue

Director Miami Beach, FL 33139

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Brian Bachoo

Vice Chairman Address: 1680 Michigan Avenue

Director Miami Beach, FL 33139

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Brian Bachoo

Vice Chairman Address: 1680 Michigan Avenue

Director Miami Beach, FL 33139

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Brian Bachoo

Vice Chairman Address: 1680 Michigan Avenue

Director Miami Beach, FL 33139

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Brian Bachoo

Vice Chairman Address: 14201 NW 5th Ave

Director Miami, FL 33148

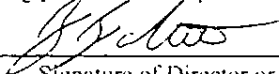
President _____

Vice President _____

Secretary Treasurer

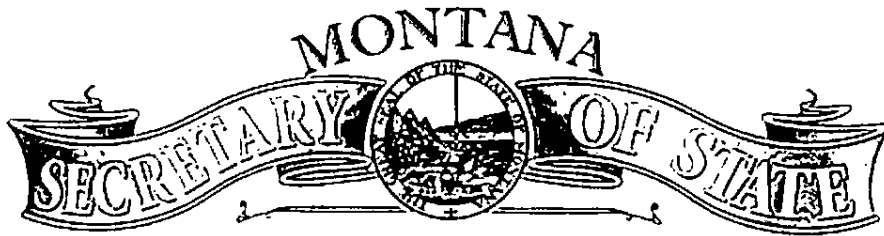
Other Manager Other _____

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 Florida Department of State Annual Report form.

12. _____

 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.

13. Brian Bachoo
 (Typed or printed name and capacity of person signing application)



CERTIFICATE OF EXISTENCE

I, **COREY STAPLETON**, Secretary of State for the State of Montana, do hereby certify that:

SPIRIT TRANSPORT, INC.

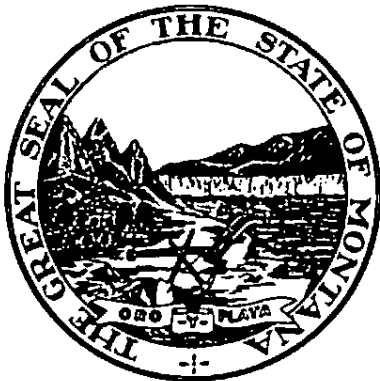
duly filed its Articles Of Incorporation for the domestic entity in this office on **February 02, 2017**, and on that date was authorized to transact business in this state for a term of Perpetual duration.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 30th day of November, 2020.

COREY STAPLETON

Montana Secretary of State

Certificate Number: 113020200043