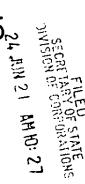
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Certified Copies	Certificates of	Status
Special Instructions to Fil		1
Special instructions to Fil	ing Officer.	

Office Use Only





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COVER LETTER

FO: Registration Section Division of Corporations			
SUBJECT: FREIGHT HAVEN CO	ORPORATION		
) N	Name of corporation	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Forei 'Certificate of Existence," or "Certificate of Existence," or "Certificate of Existence of Certification of the Existence of Certification of	ficate of Good Stan	ding" and check are subm	
Please return all correspondence co	ncerning this matter	to the following:	
EVAN MAZZOCCHI			
	Name of	Person	,,···· .
FREIGHT HAVEN CORPORATION			
	Firm/Com	pany	
2770-2772 NW 29TH TERRACE			
	Addro	ss	
LAUDERDALE LAKES, FL 33311			
,	City/State a	nd Zip code	
EVAN@FREIGHTHAVENCORP.CO			
E-mail a	ddress: (to be used f	or future annual report no	tification)
For further information concerning	this matter, please c	all:	
FERNANDO SUTHERLAND	at (310) 848-5673 Daytime Telepho	
Name of Person	Area Code	e Daytime Telepho	one Number
STREET/COURIER ADI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	DA DEPARTMENT	OF STATE \$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.

l	/EN CORPORATION		
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
Freigh	t Howen FL Coxec able in Florida, enter alternate corporate name ad		in Plantal
CALIFORNIA			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
4. JAN. 3RD 2022	5.		
4. (Date of incorporation) 5. (Date of duration, if		(Date of duration, if other than per	petual)
6. N/A			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	2. F.S., to determine penalty liability)	
7. 2770-2772 NW 2	9TH TERRACE Lauderdale (Principal office	akes, FL 33311	31VIC 24
	(Principal office	street address)	JUN 2
	(Current mailing	address, if different)	
			AH 10: 2
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	or 2
Name:	EVAN MAZZOCCHI	·	TENS FIGHS
Office Address:	2270-2772 NW 29TH TERRACE		
	LAUDERDALE LAKES	, Florida 33311	
	(City)	(Zip code)	
	ent's acceptance:	of process for the above stated corna	ration at the place

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.

(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.

A. DIRECTORS						
☑ Chairman	Name: Evan Mazzocch,	□ Chairman	Name: Ferngado Sutheder			
□Vice Chairman	Address: <u>2270 - 2772 NW</u>	Wice Chairman	Address: 2270-2772 NW			
□Director	29th Terrace	Director	29th Terrace			
□President	Lauderdale Lakes,	□President	Lauderdale Lakes,			
□Vice President	FL 33311	□Vice President	FL 33311			
☐ Secretary	□Treasurer	□ Secretary	Treasurer			
□Other	□Other	Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other	Other	Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other	Other	□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 Florida Department of State Annual Report form. 12. Signature of Director or Officer						
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	Evan Mazzocchi	Charga	in good Capacity			
	(Typed or printed name and capacity of perso	n signing application	1)			



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: FREIGHT HAVEN CORPORATION

Entity No.: 4827815 **Registration Date:** 01/03/2022

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 06, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 217478942

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.