

**F200000922**

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : JP GLOBAL BUSINESS  
Account Number : 120130000083  
Phone : (305)359-3700  
Fax Number : (786)217-1243

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

Email Address: MASTER@JPGBUSINESS.COM

**FOREIGN PROFIT/NONPROFIT CORPORATION  
IMPRONTA LOGISTICS INC**

Certificate of Status	0
Certified Copy	0
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# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMPRONTA LOGISTICS INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMPRONTA LOGISTICS INC" WAS INCORPORATED ON THE EIGHTEENTH DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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*Jeffrey W. Bullock*  
 Jeffrey W. Bullock, Secretary of State

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SR# 20201249598

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Authentication: 202415919

Date: 02-19-20

**COVER LETTER**

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**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IMPRONTA LOGISTICS, 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:

SONIA BOTERO  
Name of Person

JP GLOBAL BUSINESS SOLUTIONS INC  
Firm/Company

1395 BRICKELL AVE STE 1380  
Address

MIAMI FL 33131  
City/State and Zip code

MASTER@JPGBUSINESS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS ALBERTO LAGGER at ( 305 ) 3593700  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$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

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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. IMPRONTA LOGISTICS, INC (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co." or "Corp.")

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

2. DELAWARE 3. 83-2282621 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/23/2018 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. 101 NE 3RD AVE SUITE 1500, FT LAUDERDALE FL 33301 (Principal office address)

(Current mailing address, if different)

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

Name: JP GLOBAL BUSINESS SOLUTIONS INC

Office Address: 1395 BRICKELL AVE STE 1380

MIAMI FL, Florida 33131 (City) (Zip code)

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.

(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.

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11. Names and business addresses of officers and/or directors:

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**A. DIRECTORS**

Chairman: LUIS ALBERTO LAGGER

Address: 101 NE 3RD AVE SUITE 1500, FT LAUDERDALE FL 33301

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: LUIS ALBERTO LAGGER

Address: 101 NE 3RD AVE SUITE 1500, FT LAUDERDALE FL 33301

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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. LUIS ALBERTO LAGGER

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

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