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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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K. SALY
DEC - 7 2016

COVER LETTER

TO: Registration Section
Division of Corporations
GLOBAL ALLIANCE DISTRIBUTORS, INC.

SUBJECT: _____
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:
ALBERTO FABARA

_____	Name of Person
GLOBAL ALLIANCE DISTRIBUTORS, INC.	
_____	Firm/Company
2028 Camfield Ave.	
_____	Address
Commerce, CA 90040	
_____	City/State and Zip code
JOHNLEE1040@GMAIL.COM	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERTO FABARA	323	888-1988
_____	at (_____)	_____
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

**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.*

GLOBAL ALLIANCE DISTRIBUTORS, INC.

1. _____
(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)
CALIFORNIA 27-3404002

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
08/05/2010

4. _____ 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)
480 W. 84th St., Hialeah, FL 33014-3601

7. _____
(Principal office address)

(Current mailing address, if different)

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

Alberto Fabara

Name: _____

480 W. 84th St.

Office Address: _____

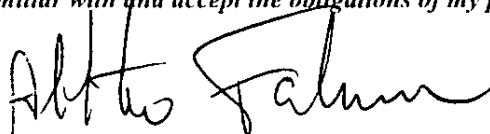
Hialeah

33014-3601

_____, Florida _____
(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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TALLAHASSEE, FLORIDA

FILED

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

A. DIRECTORS

Chairman: ALBERTO FABARA

2028 Camfield Ave.

Address: Commerce, Ca 90040

Vice Chairman: DORYS ALMEIDA

2028 Camfield Ave.

Address: Commerce, CA 90040

Director: ALBERTO FABARA

2028 Camfield Ave.

Address: Commerce, CA 90040

Director:

Address:

B. OFFICERS

President: ALBERTO FABARA

2028 Camfield Ave.

Address: Commerce, CA 90040

Vice President: DORYS ALMEIDA

2028 Camfield Ave.

Address: Commerce, CA 90040

Secretary: DORYS ALMEIDA

2028 Camfield Ave., Commerce, CA 90040

Address: ALBERTO FABARA

Treasurer: 2028 Camfield Ave., Commerce, CA 90040

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.

ALBERTO FABARA - President

13. _____

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

FILED
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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

ENTITY NAME:

GLOBAL ALLIANCE DISTRIBUTORS, INC.

FILE NUMBER: C3310637
FORMATION DATE: 08/05/2010
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, 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 November 21, 2016.

ALEX PADILLA
Secretary of State