# F18000007149

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800308677278

TO 27 18 FEB 13 AM 9: 15

D. SCOTT FEB 1 4 2013

### Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: stato @bresenzeom



#### **ORDER FORM**

Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Stops

restants Dimesen recom-

850.656.7953

REQUEST DATE: 2/12/2018	<b>PRIORITY</b> Routine	OUR REF_#_(Orde	er_ID#)_629273
G & M LUGGAGE INC		nrij.	
PLEASE PERFORM THE FOLLO G & M LUGGAGE INC (FL)	WING SERVICES:		
File the attached foreign qualific	ation document		~.
Please provide a certified copy a	as evidence.		;
Short Form Good Standing Cert	ificate		7.0
NOTES: \$87.50 Authorized Email address for annual report re	eminders: OPERATIONS@TAXMAKER		•

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, February 12, 2018 Page 1 of 1

## 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.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
f name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)
	y under the law of which it is incorporated)	(FEI number, if applicable)
/30/18		PERPETUAL
(Date	of incorporation)	(Dete of duration, if other than perpetual)
		SUITE #2585, ATLANTA, GA 30346  office address)
	(Current mailing	address, if different) .
	et address of Florida registered agent: (P.O. REGISTERED AGENT SOLUTIONS INC	Box NOT acceptable)
Name:		Box NOT acceptable)  —
	REGISTERED AGENT SOLUTIONS INC	Box NOT acceptable)  32301 Florida

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.

## 11. Names and business addresses of officers and/or directors: A. DIRECTORS ADITYA PANNU Chairman: 14122 SE 79TH DRIVE Address: NEW CASTLE, WA 98059 Vice Chairman: KULBIR KAUR Director: 2304 WRENWOOD AVE Address: **CLOVIS, CA 93611** RAVINDER SINGH Director. 913 WILLOW ST, SUITE #201 Address: **SAN JOSE, CA 95125** B. OFFICERS HARDIAL S CELL President: 4400 ASSTRORD DUNWOODY RD, STE#2585 Address ATLANTA, GA 30346 Vice President Address: Socretary: \_ Address: \_ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. PRESIDENT

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

Control Number: 18010581

## STATE OF GEORGIA

# Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## G & M LUGGAGE INC

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does' in not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the inspect of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 15281746
Date Inc/Auth/Filed: 01/25/2018
Jurisdiction : Georgia
Print Date : 02/07/2018

Form Number : 211



Brian P. Kemp Secretary of State