F2 000002570						
(Requestor's Name) (Address)						
(Address)	500344574455					
(City/State/Zip/Phone #)	05/14/2001014004 ** 70.00					
(Business Entity Name) (Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Office Use Only						

JUN 10 2020 M. SOLOMON

COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: _____

Name of corporation - must include suffix

Dear Sir or Madam:

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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:

NICHOL ALLY

	Nam	e of Person	
EASYFLYERS USA LC	GISTICS INCORPORATED		
	Firm/	Company	
152-31 134th Ave			
	Α	ddress	
Jamaica NY 11434			
	City/Sta	ate and Zip code	
nichol.ally@easyflyers.co	om		
	E-mail address: (to be us	sed for future annual rep	ort notification)
For further information	concerning this matter, plea	ise call:	
NICHOL ALLY	at (⁹¹⁷)	
Name of Perso	n Area (Code Daytime Te	elephone Number
Registration Sec Division of Cor The Centre of T	porations allahassee e Street, Suite 810	Registratic Division o P.O. Box 6	of Corporations
Enclosed is a check for Please make check payable	to: FLORIDA DEPARTME	NT OF STATE	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& D \$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.

EASYFLYERS USA LOGISTICS INCORPORATED 1.

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

NEW YORK	3	83-2967312			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
12/31/2018	5	PERPETUAL			
(Date	of incorporation)	(Date of duration, if other than perpetual)			
N/A					
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)			
1110 BRICKELI	AVENUE,#710AB, MIAMI, FL 33131				
	(Principal of	fice street address)			
152-31 134th Av	e, Jamaica NY 11434				
	(Current mail	ing address, if different)			
Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	 第二日 第二日		
Name:	NICHOL ALLY		- 34		
fice Address:	1110 BRICKELL AVENUE #710AB		ينين توري هوي من من مور		
	MIAMI	, Florida ³³¹³¹	113-15 .		
	(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.

A. DIRECTORS	NICHOL ALLY	Chairman	Name:			
□Vice Chairman	152-31 134th Ave	□Vice Chairman				
Director	Jamaica NY 11435					
President		President				
□Vice President		□ Vice President				
	Treasurer					
Other	Other	Dother		Other		
□ Chairman	Name:	Chairman	Name:			
□Vice Chairman	Address:	DVice Chairman	Address:			
Director		Director				
□President		President				
□Vice President		□Vice President				
				Treasurer		
DOther	Other	Other		Other	- +j=3	
Chairman	Name:	Chairman	Name:		1	5+ NNF 121
□Vice Chairman	Address:	□Vice Chairman	Address:	· ·	···· ··· ··· ··· ··· ··· ··· ··· ··· ·	
Director		Director			: بنا 	ڪي۔
□President		President			45 A.	F
□Vice President		□Vice President				
Secretary	Treasurer	Secretary		Treasurer		
Other	Other	Other		Other		

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. MICHOL ALLY, PRESIDENT

12. _

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State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of EASYFLYERS USA LOGISTICS INCORPORATED was filed on 12/31/2018, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



4:5 %

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 24th day of April two thousand and twenty.

Brandon C. Huglas

Brendan C Hughes Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 26, 2020

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NICHOL ALLY EASYFLYERS USA LOGISTICS INCORPORATED 152-31 134TH AVE JAMAICA, NY 11434

SUBJECT: EASYFLYERS USA LOGISTICS INCORPORATED Ref. Number: W20000051297

We have received your document for EASYFLYERS USA LOGISTICS INCORPORATED and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 720A00010468

