

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : I20080000045  
Phone : (302)645-7400  
Fax Number : (302)645-1280

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

Email Address: ben.carpel@gmail.com

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Galleon Logistics, Inc.**

Certificate of Status	1
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Estimated Charge	\$78.75

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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. Galleon 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. 814792391  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/01/2017 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. 3/5/21  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 801 Brickell Ave. 8th Floor Miami, FL 33131  
 (Principal office street address)

\_\_\_\_\_  
 (Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th Street N, Ste 300

St. Petersburg, Florida 33702  
 (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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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**A. DIRECTORS**☐ Chairman Name: Ben Carpel☐ Vice Chairman Address: 801 Brickell Ave. 8th Floor☐ Director Miami, FL 33131☒ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ Other \_\_\_\_\_☐ Other \_\_\_\_\_☐ Chairman Name: \_\_\_\_\_☐ Vice Chairman Address: \_\_\_\_\_☐ Director \_\_\_\_\_☐ President \_\_\_\_\_☐ Vice President \_\_\_\_\_☐ Secretary \_\_\_\_\_☐ Treasurer \_\_\_\_\_☐ 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

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. Ben Carpel, President  
(Typed or printed name and capacity of person signing application)

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# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GALLEON 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 FIFTH DAY OF MARCH, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GALLEON LOGISTICS, INC." WAS INCORPORATED ON THE FIRST DAY OF JANUARY, A.D. 2017.

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



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SR# 20210807920

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202658786

Date: 03-05-21

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