

11/16/2021 Nov 17, 2021 11:26AM

GERALD WEINBERG

Division of Corporations

No. 0690 P. 1

F21000042354828

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000423548 3)))



H210004235483ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : GERALD WEINBERG, P.C.
Account Number : I20030000043
Phone : (800)342-9856
Fax Number : (800)354-3381

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

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
ALLIANCE SHIPPERS, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2021 NOV 17 PM 1:00

ALLIANCE SHIPPERS, INC.

**S. HAWKES
NOV - 2021**

Electronic Filing Menu

Corporate Filing Menu

Help

W21-149581

8/2

(H21000419860 3)

Glottell US, Corp.
1830 S. Ocean Drive
Suite 902
Hallandale Beach, Florida 33009
305-725-6399

November 12, 2021

RE: ALLIANCE SHIPPERS INC.

Document Number P20000071055

To whom it may concern,

I, Jonathan Lefcourt, president of ALLIANCE SHIPPERS INC. hereby declare that upon the dissolution of ALLIANCE SHIPPERS INC., a domestic Florida corporation, said dissolution will not be revoked. Please accept this letter of no intent as evidence of same.

/s/ Jonathan Lefcourt
Jonathan Lefcourt

President

(H21000419860 3)

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

(1421000423548 3)

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. ALLIANCE SHIPPERS, INC.

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

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

2. NEW JERSEY

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 02/16/1973

(Date of incorporation)

5.

(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. 516 SYLVAN AVENUE, ENGLEWOOD CLIFFS, NEW JERSEY 07632

(Principal office street address)

(Current mailing address, if different)

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

Name: JONATHAN LEFCOURT

Office Address: 3415 NORTH OCEAN AVENUE, APT., 701

HOLLYWOOD

(City)

, Florida 33019

(Zip code)

FILED
2021 NOV 12 PM 2:27
STATE
OF FLORIDA

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.

/s/ Jonathan Lefcourt
(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]:

☐ Chairman Name: JONATHAN LEFCOURT
☐ Vice Chairman Address: 516 SYLVAN AVENUE
☒ Director ENGLEWOOD CLIFFS, NJ 07632
☒ 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. /s/ Jonathan Lefcourt

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. JONATHAN LEFCOURT, PRESIDENT

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

Nov. 17. 2021 11:27AM

(GEALD WEINBERG 423 5418 3)

No. 3630 P. 4

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

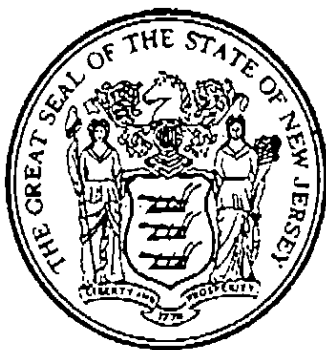
ALLIANCE SHIPPERS, INC.
1264612500

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 16, 1973.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

JONATHAN LEFCOURT
516 SYLVAN AVE
ENGLEWOOD CLIFFS, NJ 07632



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of November, 2021

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6125224446

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

(H210004235418 3)