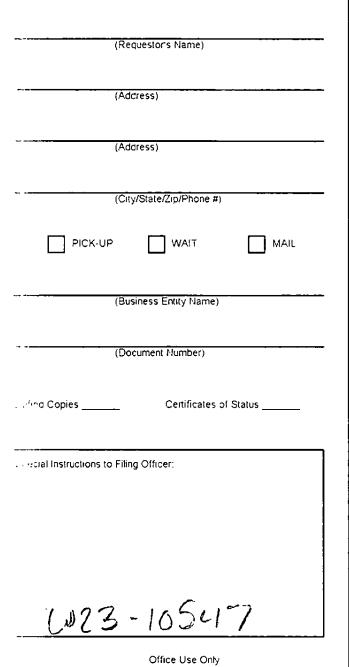
# F23000000615





500400728165

2023 JAN 27 AM 8: 1

APPROVED



JAN 3 1 2023 K. Brumbley



RECEIVED 2023 JAN 32 AM 10: 41

TALLAHASSEE, I LUFT.

FLORIDA DEPARTMENT OF STATE | METARY . . . **Division of Corporations** 

January 27, 2023

SUNSHINE

CORRECTED Please Allow For Same File Date

SUBJECT: GLOBAL UTILITIES, INC.

Ref. Number: W23000010547

We have received your document for GLOBAL UTILITIES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P13000045815.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

KYLE D BRUMBLEY Regulatory Specialist II Supervisor

Letter Number: 723A00002102



## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 01/27/2023	_			₩ALK IN
ENTITY NAME GLOE	AL UTILITIES, INC			
DOCUMENT NUMBER				
•	**PLEASE FILE TH	E ATTACHED AN	YO RETURN**	
xxxxxx	Plain Copy			
	Certified Copy			
	Certificate of Status			
	**PLEASE OBTAIN THE FO Certified Copy of Arts		THE ABOVE ENTITY**	
	Certificate of Good Sta	nding		
	**APOSTILLE' / N	NOTARIAL CERI	TIFICATION**	
COUNTRY OF DESTINA NUMBER OF CERTIFIC				
\$70		AC	COUNT #: I2016000	0072
TOTAL OWED \$70	<del></del>		E RAM	
Please call Tina at	the above number for	any issues or		oa so much!

#### **COVER LETTER**

	ΓO: Registration Section Division of Corporations					
SUBJE	GT. GLOBAL UTILITIES, INC.					
SOBIL		tion - must include suffix				
Dear Sir	or Madam:					
"Certific		for Authorization to Transact Business in Florida," Standing" and check are submitted to register the siness in Florida.				
Please re	turn all correspondence concerning this ma	atter to the following:				
Jorge Chi	rinos					
	Name	e of Person				
Global Ut	ilities, Inc.					
	Firm/C	Company				
2720 S R	IVER RD. SUITE 245					
	A	ddress				
DES PLA	INESIL60018					
	City/Sta	ite and Zip code				
jorge@dr	illwithgui.com					
	E-mail address: (to be us	sed for future annual report notification)				
For furth	er information concerning this matter, plea	ise call:				
Georgina	Vega at (at	800-567-4397				
	Name of Person Area (	/				
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL. 32303		M LING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314				
Please ma	is a check for the following amount: ke check payable to: FLORIDA DEPARTMI 0 Filing Fee S78.75 Filing Fee & Certificate of Status	ENT OF STATE  \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certified Copy 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.

(Enter name of c	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATIC	',N,"		
CLI	CLODAL LOGISTICS INC				
	GLOBAL LOGISTICS, INC. able in Florida, enter alternate corporate name	an adopted for the purpose of transport	na husinass in Claric	10)	
II I INOIC	·		ng business in Fioric	14)	
(State or country under the law of which it is incorporated		3. <u>82-0937584</u> (FEI number, if applicable)			
04/6/2017	y under the law of which it is incorporated)	(Figure number, if a PERPETUAL)	ррисавіе)		
(Date of incorporation)		5. (Date of duration, if other than perpetual)			
	,	(	, , , , , , , , , , , , , , , , , , , ,		
6. <u>N/A</u>		in Florida, if prior to registration) 1502, F.S., to determine penalty liabil	lity)		
7. 2720 S RIVER R	D, SUFFE 245 , DES PLAINES IL 60018				
· ·	(Principal o	ffice street address)	<del></del>	<del></del>	
*****				<del></del>	
	(Current mai	ling address, if different)	023		
8. Name and stree	et address of Florida registered agent: (P	P.O. Box NOT acceptable)	023 JAN 2 34   3483	シャン	
Name:	URS AGENTS , LLC		7	E3.5	
Office Address:	3458 LAKESHORE DRIVE		AH 8:	0 4(	
	TALLAHASSEE	, Florida	-: <del>t</del>		
	(City)	(Zip code)			
9 Registered ag	ent's acceptance:				
Having been nan	ed as registered agent and to accept ser				
	application, I hereby accept the appoin omply with the provisions of all statutes				
and I am familiai	with and accept the obligations of my i	position as registered agent	sie perjormance of	, my adme.	
	2 de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya dela compan				
		Georgina Vega, Asst. Secr			

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 Marco A Salazar □ Chairman Name □ Chairman Name: Address: 1702 Mill St, Unit 204 □Vice Chairman □Vice Chairman Address: Des Plaines IL 60016 Director □ Director President □President □ Vice President ☐ Vice President □Treasurer □ Secretary ☐ Treasurer [] Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐ Chairman Name: Name: □ Chairman □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: □Director Director ☐President President □Vice President \_\_\_\_ ☐ Vice President ☐ Secretary □Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other □Other □Other \_\_\_\_\_ ☐ Chairman □ Chairman Name: Name: □Vice Chairman Address: ☐ Vice Chairman Address: □Director □ Director President □ President □Vice President \_\_\_\_\_ ☐ Vice President □ Treasurer □ Secretary ☐ Secretary Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □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 legis D partment of State Annual Report form. 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. Marco A Salazar

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

#### File Number

7123-327-8



## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

### Department of Business Services. I certify that

GLOBAL UTILITIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 06, 2017, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this **26TH** 

day of JANUARY A.D. 2023

Authentication #: 2302603076 verifiable until 01/26/2024

Authenticate at: https://www.ilsos.gov