# 2006820

(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:						
w23-1562le6						

Office Use Only



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10/25/23--01004--011 \*\*70.00

DEC 0 9 2023 K. Brumbley



November 17, 2023

JOSEPH LASORSA 230 BACK ST. NEWPORT. NC 28570

SUBJECT: EXECUTIVE SUPPORT & LOGISTICS NORTH AMERICA, INC.

Ref. Number: W23000156266

We have received your document for EXECUTIVE SUPPORT & LOGISTICS NORTH AMERICA, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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: 023A00026725

## **COVER LETTER**

TO:		tration Section on of Corporations						
SUBJI	ECT:	Executive Support & Logistics	North America	a, Inc.				
Name of corporation - must include suffix								
Dear Si	ir or M	adam:						
"Certifi	icate of		of Good Stand	uthorization to Transact Business in Florida," ing" and check are submitted to register the s in Florida.				
Please	return a	all correspondence concernin	g this matter t	o the following:				
Joseph	LaSorsi	1						
			Name of P	erson				
Executi	ve Supp	ort & Logistics North America	.Inc.					
			Firm/Comp	any				
230 Bac	ck Stree	ι						
			Addres	S	_			
Newpor	rt, NC	28570						
			City/State and	1 Zip code	_			
info@e	slna.cor	n						
		E-mail address:	(to be used fo	r future annual report notification)	_			
For furt	ther inf	ormation concerning this ma	tter, please ca	II:				
Joseph LaSorsa			t (	650-394-3562				
	Name	of Person	Area Code	Daytime Telephone Number				
	Regist Divisi The C 2415 I	ET/COURIER ADDRESS ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	•	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
	nake che	check for the following amounts payable to: FLORIDA DEI ang Fee S78.75 Filing Certificate of	PARTMENT ( Fee & 🔠	DF STATE  \$78.75 Filing Fee &				

# 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.

(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting	g business in Florida)	
Georgia	,			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
10/10/2023		perpetual		
(Date	of incorporation)	(Date of duration, if other the	(Date of duration, if other than perpetual)	
N/A				
8735 Dunwood	y Place, Suite 4319 Atlanta, GA 30305 (Principal of	fice <u>street</u> address)		
	(Current maili	ing address, if different)	2023 DE	
Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	) DE1	
Name:	James Dobrinski			
Tice Address:	105 Island Way	<del></del>	. <u>~0</u>	
	Greenacres	, Florida	± 12 €	
	(City)	(Zip code)	. a	

#### 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 Joseph LaSorsa Name: ☐ Chairman □Chairman Name: 230 Back St □ Vice Chairman Address: ☐ Vice Chairman Address: \_\_\_\_\_ Newport, NC 28570 Director Director □ President ■ President □Vice President □Vice President □ Secretary ☐Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_ □ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ Name: \_\_\_\_\_ Chairman □Chairman Name: \_\_\_\_\_ ☐ Vice Chairman □ Vice Chairman Address: \_\_\_\_\_ Address: □ Director □ Director □ President □President □Vice President □Vice President \_\_\_\_\_ □ Treasurer □ Secretary □ Treasurer ☐ Secretary ☐Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □ Chairman Name: □ Vice Chairman □Vice Chairman Address: Address: Director □ Director ☐ President □ President ☐ Vice President □ Vice President \_ □ Treasurer ☐ Secretary □ Treasurer □ Secretary □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 Florida Department 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 \$17,155, F.S.

Joseph LaSorsa, President

Control Number: 23213510

### 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, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# Executive Support & Logistics North America, 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 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 Secretary 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 : 26210493
Date Inc/Auth/Filed : 10/10/2023
Jurisdiction : Georgia
Print Date : 12/05/2023

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State