# F24000003211

| (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: |
|   |
|   |
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|   |

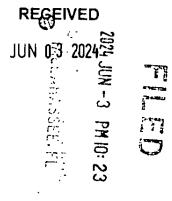
Office Use Only





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## **COVER LETTER**

| TO:  | _              | itration Sci                          |   |  |  |   |
|--|----------------|---------------------------------------|---|--|--|---|
| SUB.   | JECT:          | EXECUT                                | IVE CLOTHIERS II  | NC.  |  |   |
|  |                |                                       | Name o  | f corporation  | - must include suffix                  |   |
| Dear !   | Sir or M       | ladom:                                |   |  |  |   |
| ···Ccrti   | ficate o       | f Existence                           | ion by Foreign Core." or "Certificate on corporation to tra | of Good Stan   | ding" and check are sub                | ect Business in Florida,"<br>bmitted to register the            |
|  | retum<br>GALAN |                                       | ondence concernin   | g this matter  | to the following:                      |   |
| <del> </del>   |                | · ,                                   | ***   | Name of  | Person                                 |   |
| EXEC   | LTIVE          | CLOTHIE                               | RS INC.   |  |  |   |
|  | <del></del>    |                                       |   | Firm/Com   | pany.                                  |   |
| 6490 '   | VIA RO         | \$A                                   |   |  |  |   |
|  |                | · · · · · · · · · · · · · · · · · · · |   | Addre  | ÷\$5                                   |   |
| BOCA   | RATO           | N. FL 3340                            | 33  |  |  |   |
|  |                |                                       |   | City/State at  | nd Zip code                            |   |
| ecloth   | iers@sb        | cgłobal.nei                           |   |  |  |   |
|  |                |                                       | E-mail address:   | (to be used f  | or future annual report                | notification)   |
| For fu   | rther in       | formation                             | concerning this ma  | iter, please c   | all.                                   |   |
| MAR"   | ΓΙΝ BRA        | AND                                   | 3 at ( ) 253-2185   |  |  |   |
|  | Nam            | e of Persor                           | 1   | Area Code  | Daytime Telep                          | phone Number  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |                |                                       |   | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  |   |
|  |                |                                       | he following amount to FLORIDA DE                           |  | OF STATE                               |   |
|  | ).00 Fili      |                                       | \$78.75 Filing<br>Cortificate of                            | Fcc & □  | \$78.75 Filing Fee &<br>Certified Copy | S87.50 Filing Fee,<br>Certificate of Status &<br>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.

| THE GALAM GR                                | paration, must include "INCORPORATED in "Inc." "Co." or "Corp."}   | )," COMPANY," CORPORATIO   | JN,"                                       |  |  |  |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
| (If name unavailabl                         | THE GALAM GROUP  |  |  |  |  |  |
|   | (If name intavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |  |  |  |  |  |
| ILLINOIS                                    |  | 36-4094392   |  |  |  |  |
|   | mider the law of which it is incorporated)   | (FEI number, if applicable)  |  |  |  |  |
| 5-10-1998                                   |  |  |  |  |  |  |
| <del></del>                                 | incorporation)   | (Date of duration, if other than perpetual)                                    |  |  |  |  |
| 7-1-2024                                    |  |  |  |  |  |  |
| · <del>_</del>                              | (Date first transacted business)<br>(SEE SECTIONS 607.1501 & 607.1   | in Florida, if prior to registration)<br>(502, F.S., to determine penalty liab | ihty)                                      |  |  |  |
| 6490 VIA ROSA                               |  | ,  | •  |  |  |  |
| ·   | (Principal of  | lice street address)   |  |  |  |  |
| 1306 HILARY LN.                             | HIGHLAND PARK, IL 60035  |  |  |  |  |  |
|   | (Curent madi   | ng address, if different)  | THE PERSON NAMED AND DESCRIPTION OF STREET |  |  |  |
| Name:                                       | address of Florida registered agent: (P. ELIA GALAM 6490 VIA ROSA  | O. Box NOT acceptable)   | 2024 JUN - 3 PH IO: 2                      |  |  |  |
| ffice Address:                              |  |  | C/2 ·                                      |  |  |  |
|   | BOCA RATON   | , Florida  |  |  |  |  |
|   | (City)   | (Zip code)   | PHIO: 23                                   |  |  |  |
| Registered agent                            | t's ассеріансе:  |  | ω  |  |  |  |
|   | as registered agent and to accept serv   |  |  |  |  |  |
| esignaled in this ap<br>urther garee to com | oplication, I hereby accept the appoint<br>uply with the provisions of all statutes.   | ment as registered agent and ag  | ree to act in this capacity                |  |  |  |
| nd I am fanáliar w                          | ith and accept the obligations of my p   | retauve to the proper and compt<br>osition as registered agent.                | ere perjormance oj my a                    |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  | <del></del>                                |  |  |  |
|   | thoristried agent's  | olgrin (Urc)   |  |  |  |  |
| 0. Attached is a cer                        | rtificate of existence duly authenticated  | , not more than 90 days prior to d   | delivery of this application               |  |  |  |

under the law of which it is incorporated.

#### A. DIRECTORS: **ELIA GALAM** □Chairman Name: □ Chairman Name. 6490 VIA ROSA □Vace Chairman Address \_ □ Vice Chairman Address: BOCA RATON, FL 33433 □ Director □ Du cettor President ☐ President □ Vace President. □ Vice President ■Socretary □ Freasurer □ Secretary □ Treasurer □ Other \_\_\_\_\_ [[()tha \_\_\_\_\_\_ Name: \_\_\_\_\_ Name. ⊑Chairmaic □ Chairman □ Vice Chairman Address. E-Vice Chairman Address [Defector □ Director □ President □ President □ Vice President □ Vice President □ Treasurer □ Secretary ⊏Ттеаяшег □Socretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name. \_\_\_\_ Name. \_\_\_\_\_\_ □Chaitman □Chairnian □Vace Chairman Address □ Vice Chairman Address. □Director □ Du celor **□**President □ President □Vice President \_\_ □ Vice President Treasure □ Secretary Treasurer □ Secretary □Other \_\_\_\_\_ ⊟O្សាធ 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 be 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 5 817, 155, F.S. ELIA GALAM, PRESIDENT

# File Number

5886-334-3



# 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

EXECUTIVE CLOTHIERS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 10, 1996, 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 23RD day of MAY A.D. 2024 .

Authentication #: 2414402486 verifiable until 05/23/2025

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

Alexi Giannol