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Special Instructions to	Filing Officer:			

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SECRETARY OF STATE
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COVER LETTER

TO:	New Filing Sect Division of Corp	porations			_
SUBJ	ECT:		GBY	Companie	s, Inc.
5020		Name of	corporation	- must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence		f Good Stand	Authorization to Transading" and check are substituted in Florida.	
Please	return all correspo	ondence concerning	g this matter	to the following:	
Alliso	n M. Siavage				1 S 12
		,	Name of I	Person	CRE IN
Siava	ge Law Group, LL0	С			
			Firm/Com	pany	STA I
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Atlant	а,		Ga	3030	7
			City/State ar		
asiava	ige@siavagelaw.c				
		E-mail address:	(to be used for	or future annual report r	otification)
For fu	rther information of	concerning this mat	tter, please ca	all:	
Allisor	ı M. Siavage	a	t (404) 351-5280	
	Name of Person			Code & Daytime Teleph	one Number
	STREET/COU New Filing Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations S Center Circle	:	MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclos	sed is a check for t	the following amou	nt:		
□ \$7	0.00 Filing Fee	□ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	 \$87.50 Filing Fee, Certificate of Status & 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 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) Georgia Georgia 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7 1497 Main Street, #353, Dunedin, Florida 34698 (Principal office address) 1497 Main Street, #353, Dunedin, Florida 34698 (Current mailing address) Bluetage Management + Distribution

Purpose(s) of comporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Robert Paladino Name: 1497 Main Street, #353 Office Address: Dunedin. . Florida <u>34698</u> 10. 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.

11. 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.

(Registered agent's signature)

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Robert A. Paladino
12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Robert A. Paladino Address: 1497 Main Street, #353, Dunedin, Florida 34698
Address: 1437 Wall Offeet, #300, Duriedin, Florida 34030
Vice Chairman:
Address:
Director: George L. Gamble
Address: 1497 Main Street, #353, Dunedin, Florida 34698
Director:
Address:
B. OFFICERS
President: George L. Gamble
Address: 1497 Main Street, #353, Dunedin, Florida 34698
Vice President:
Address:
Secretary: Robert Paladino
Address: 1497 Main Street, #353, Dunedin, Florida 34698
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13
(Signature of Director or Officer listed in number 12 of the application)
14. (Typed or printed name and capacity of person signing application)
(1) ped of printed name and capacity of person signing approximit)

Control No. 051317

STATE OF GEORGIA

Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 2010 NAY I H P 12 24
SECRETARY OF STATE
AND AHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

GBX COMPANIES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 03/01/2005 in Georgia. 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 9th day of April, 2010

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 5779569-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp