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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: GGGA ENTERPRISES, INC	
Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Tran "Certificate of Existence," or "Certificate of Good Standing" and check are s above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
GERAKO A. LUMS	•
GERAKO A. Lyons Name of Person	
GGGA ENTERPRISES, INC Firm/Company	
Firm/Company	
709 SANTA CRUZ LN	
I fow eg in The HICLS, Fl 3 4 737	
City/State and Zip code	
E-mail address: (to be used for future annual repor	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please call:	
CERARD A. Lyms at (35×) 978 39- Name of Person Area Code & Daytime Telep	52
Name of Person ' Area Code & Daytime Telep	phone Number
New Filing Section New Filing	Corporations 27
Tallahassee, FL 32301	16 32314
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee	\$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. GGGA ENTER PRISES, 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) 2. NEVADA

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

(FEI number, if applicable) 4. 3/31/2013
5. PERPETUAL

(Date of incorporation)

[Duration: Year corp. will cease to exist or "perpetual") 6. _____4/1/2013 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 709 SANTA CRUZ

(Principal office address)

Howey IN The HILLS, FR 34737

(Current mailing address) 8. Golf INSTRUCTOR

(Purpose(s) of corporation 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) GERAKO A. LYONS

14 CAMINO REAL

HOWEY IN The HILLS, Florida 34737

(City) (Zip code) Office Address:

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.

(Registered agent's signature)

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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: GARY M. GILCLRIST Address: 709 SANTA CRUZ Howey in The HICCS, 8-8 34737 Vice Chairman: Address: Director: CAITLIN GILCHRIST Address: 709 SANTA CRUZ

Howay in The HIUS, FR 34137 **B. OFFICERS** President: <u>CARY</u> M. GILCHRIST Address: <u>709</u> SANTA PRUZ, HOWEY IN The HILLS, Fel 34737 Vice President: Address: Secretary: GERMAD A. LYONS

Address: 14 CAMINO REAL, HOWEY IN The HILLS, FR

Treasurer: GERMAD A. LYONS

Address: 14 CAMINO REAL, HOWEY IN The HILLS, FR NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. 14. GERAKO A. LYONS SECRETARY

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **GGGA ENTERPRISES**, **INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 4, 2013, and is in good standing in this state.

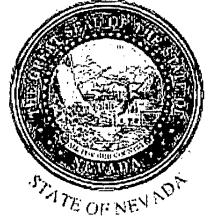
E SAME

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 10, 2014.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20140110-1761
You may verify this electronic certificate
online at http://www.nvsos.gov/

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