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Florida Department of State
Division of Corporations
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To: Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION

Walt Grace, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	5
Estimated Charge	\$78.75

K. SALY
EXAMINER
SEP 21 2015

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Walt Grace, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Imelda Vasquez
(Name of Person)
Legalzoom.com, Inc.
(Firm/Company)
100 W. Broadway Suite 100
(Address)
Glendale, CA 91210
(City/State and Zip code)

For further information concerning this matter, please call:

Imelda Vasquez at (323) 962-8600
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$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.

1. Walt Grace, Inc.

(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)

2. Wyoming

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

3. _____

(FEI number, if applicable)

4. 05/21/2015

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 224 NW 27th Street, Miami, FL 33127

(Principal office address)

224 NW 27th Street, Miami, FL 33127

(Current mailing address)

8. Retail Store

(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)

Name: William Goldstein

Office Address: 224 NW 27th Street

Miami

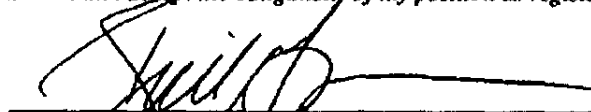
(City)

, Florida 33127

(Zip code)

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) William Goldstein

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:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____
_____Director: William H GoldsteinAddress: 224 NW 27th Street, Miami, FL 33127
_____Director: Gaston LegorburuAddress: 224 NW 27th Street, Miami, FL 33127
_____**B. OFFICERS**President: William GoldsteinAddress: 224 NW 27th Street, Miami, FL 33127

Vice President: _____

Address: _____
_____Secretary: Gaston LegorburuAddress: 224 NW 27th Street, Miami, FL 33127
_____Treasurer: Gaston LegorburuAddress: 224 NW 27th Street, Miami, FL 33127
_____**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. William Goldstein, President
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, EDWARD F. MURRAY, III, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

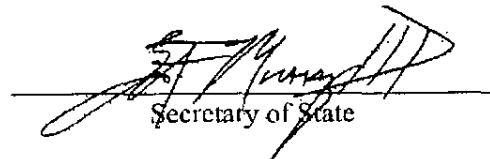
Walt Grace, Inc.
is a
Profit Corporation

formed or qualified under the laws of Wyoming did on **May 21, 2015**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2015-000687295**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of September, 2015 at 1:08 PM. This certificate is assigned 018560219.




Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.