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| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
TALLAMASSEE FILORINA

JAN 0 4 2016 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2015

VINCENT RAPHAEL GS HOLDINGS LLC 485 CAYNGA ROAD #4-1 CHEEK TOWAGA, NY 14225

SUBJECT: ACAP & ASSOCIATES, INC.

Ref. Number: W15000079522



We have received your document for ACAP & ASSOCIATES, 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 515A00025818

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: Advanced Capital | Solutions, 1 | 10 |
| Name of corporat | ion - must include suffix | |
| Dear Sir or Madam: | | |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus | Standing" and check are subn | |
| Please return all correspondence concerning this ma | itter to the following: | TALLAII |
| Name | of Person | 1995 I. T. |
| GS Holdings, LLC | | |
| Firm/C | Company | SE ST |
| 485 Caynga Rd # | = 4-1 | Ş:n I |
| Ac Ac | ddress | • • • |
| Check towaga NY City/Sta | 14225 | |
| Vrape 95 holdings/lc E-mail address (to be us | te and Zip code . Com ed for future annual report n | otification) |
| For further information concerning this matter, plea | se call: | |
| Vincent Raphael at (87) Name of Person Area | 7 , 490 709/ | none Number |
| · · · · · · · · · · · · · · · · · · · | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, F. | ection rporations |
| Enclosed is a check for the following amount: | | |
| \$70.00 Filing Fee \$\sigma\$ \$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 S REGISTER A FOREIGN CORPORATION TO TRANSACT. | | | | |
|---|---|--|--|--|
| Mha 1 Catal Saludans | c. L. | | | |
| (Enter name of corporation; must include "INCORPORATED, "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") | O," "COMPANY," "CORPORATION," | | | |
| ACAP & Associates, Inc | | | | |
| (If name unavailable in Florida, enter alternate corporate name | e adopted for the purpose of transacting business in Florida) | | | |
| 2. 1880 OHIO 3. | 80-0857869 | | | |
| 2. (State or country under the law of which it is incorporated) | (FEI number, if applicable) | | | |
| 4. 1-20-2012 5. | 5. | | | |
| (Date of incorporation) | (Date of duration, if other than perpetual) | | | |
| 6 | in Florida, if prior to registration). | | | |
| (SEE SECTIONS 607.1501 & 607.1 | 1502, F.S., to determine penalty liability) | | | |
| 7. 5553 Whipple Ave NW | Ste 5 Cheektowaga NY 1422. cipal office address) | | | |
| (Princi | cipal office address) | | | |
| | 12 | | | |
| (Current mail | lling address; if different) | | | |
| 8. Name and street address of Florida registered agent: (P. | P.O. Box NOT acceptable) | | | |
| Name: CT Corporation S | | | | |
| 12m a Marilal | ***** | | | |
| | 20-01/ | | | |
| Planta Tim | , Florida 33329 >= = | | | |
| (City) | (Zip code) | | | |
| 9. Registered agent's acceptance: | | | | |
| | rvice of process for the above stated corporation at the place ntment as registered agent and agree to act in this capacity. | | | |
| further agree to comply with the provisions of all statutes | s relative to the proper and complete performance of my | | | |
| duties, and I am familiar with and accept the obligations | s of my position as registered agent. | | | |
| | Michael Jones | | | |
| my | Assistant Secretary | | | |
| Registerer | ed 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.

| 11. Names | and business a | ddresses of o | officers and/or dir | ectors: | | | |
|--------------|---------------------------------------|--|--|---|--|--|--|
| A. DIRECTORS | | | | | | | |
| Chairman: _ | SAMU | el Di | Galbo | | | | |
| Address: | 11211 | Colema | en Rd | | | | |
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| Address: | | | | | | ALAR B | |
| | TD C | <u>. </u> | | | | 沙 克 1 一 | |
| B. OFFIC | - | | | | | | |
| President: _ | • | | | | *, | 93 v | |
| Address: _ | <u></u> | | | | | == | |
| | · · · · · · · · · · · · · · · · · · · | | | Water of the control | | | |
| Vice Preside | ent: | | | | | | |
| Address: _ | | | | | ····; | | |
| **** | | | | | | | |
| Secretary: | | | | | | | |
| Address: | | · | • | • | • | | |
| Treasurer: | | | | | | | |
| Address: _ | 4 | | | | | | |
| NOTE: | necessary, you | ı may attach | an addendum to t | he application list | ing additional offic | ers and/or directors. | |
| 12. | ميما | $ \mathcal{M}$ | \ | | | | |
| are true an | d that he or she | is aware the | cument (and who | | r I I above) affirms | that the facts stated herein partment of State constitutes | |
| 13. | man variously am b | Same | ul D. Go | dbo | | | |
| | (| Typed or pri | | | gning application) | | |

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ADVANCED CAPITAL SOLUTIONS INC., an Ohio corporation, Charter No. 2138568, having its principal location in Cuyahoga Falls, County of Summit, was incorporated on September 25, 2012 and is currently in GOOD STANDING upon the records of this office.

FILE®

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SECRETARY OF STAIR
PALLANASSEE, FLORE

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 29th day of November, A.D. 2015.



Ohio Secretary of State

Validation Number: 201521002266

Jon Hustel