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COVER LETTER

TO:	Registration Sec Division of Cor				
CHDI	JECT:	•	GARS I	nc.	
SUD	ECI;	Name of	corporation -	must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence		f Good Stand	authorization to Transact B ling" and check are submit s in Florida.	
	e return all corresp ei O. Koutin	ondence concerning	g this matter t	to the following:	
	.		Name of P	erson	
GARS	Inc.				
			Firm/Comp	any	· · · · · · · · · · · · · · · · · · ·
1202 F	Kings Highway				
Brook	lyn NY 11229		Addres	s	
info@	cloudcpas.net		City/State and	d Zip code	
		E-mail address:	(to be used fo	r future annual report noti	fication)
For fu	rther information	concerning this mat	tter, please ca	11:	
Alekse	ei O. Koutin	a	800 t () 610-2521 (ext 101) Daytime Telephon	
	Name of Person		Area Code	Daytime Telephon	e Number
	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle	- 5 <u>1</u>	MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Enclos	sed is a check for	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 &

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.	GARS Inc.				
	(Enter name of co"Inc.," "Co.," "C	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	,	
	GARS FLORID	A Inc.			
	(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)	
2.	New York 3.		45-2625546		
4.	(State or countr 06/23/2011	y under the law of which it is incorporated)	(FEI number, if applicable)		
	(Date of incorporation)		(Date of duration, if other than perpetual)		
6.					
			in Florida, if prior to registration) 502, F.S., to determine penalty liability	·)	
7		ve. Unit T14. Sunny Isles, FL 33160	, , , , , , , , , , , , , , , , , , , ,	,	
٠٠.		(Princi	ipal office address)		
	1202 Kings High	nway, Brooklyn NY 11229	,	E C	
		(Current mail	ing address, if different)	為	
8.	Name and street	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	PH 1:46	
	Name:	Aleksei Koutin		6	
Of	ffice Address:	18090 Collins Ave. Unit T14			
		Sunny Isles	33160 , Florida		
		(City)	(Zip code)		

9. 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)

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.

A. DIRI	ECTORS	
Chairman	Aleksei Koutin	·
	46 Keats st	
	Staten Island NY 10308	
Vice Chai	rman:	
-		
Director:		
Director:		
B. OFF	ICERS	EB 3
President:		(0) P
Address:		PR 11
		4 6
Vice Presi	dent:	
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE:	If necessary, you may attach an addengtum to the application listing additional officers a	nd/or directors.
12	Mamolina	
are true a a third de	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirms that nd that he or she is aware that false information submitted in a document to the Departnegree felony as provided for in s.817.155, F.S. sei Koutin (Director)	the facts stated herein nent of State constitutes

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

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GARS, INC. was filed on 06/23/2011, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



**

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 08th day of February two thousand and sixteen.

Continy Stardina

Executive Deputy Secretary of State