

F17000000879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

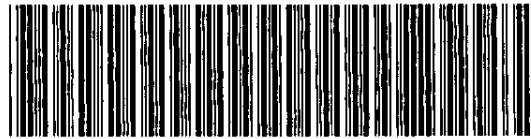
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

RECEIVED
2017 FEB 23 PM 3:15
TALLAHASSEE, FLORIDA

Office Use Only



200294985222

02/24/17--01002--018 **70.00

FILED

017 FEB 23 P 4 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

FEB 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GAP Advisors Limited Company

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," or "Certificate of Good Standing" 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:

Michael G. Chandross

Name of Person

Lerro & Chandross, PLLC

Firm/Company

50 SW 2nd Ave Ste 201

Address

Boca Raton, FL 33432

City/State and Zip code

mcasanova@vcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael G. Chandross

561

995-0064

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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. GAP Advisors Limited Company
(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. Republic of Cyprus 3. 98-1257592
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March, 10th, 2009 5. _____
(Date of incorporation) (Date of duration, if other than 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. 50 SW 2nd Ave Ste 202 Boca Raton, FL 33432
(Principal office address)
- Same as above
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Michael G. Chandross


Office Address: 50 SW 2nd Ave Ste 201

Boca Raton, Florida 33432
(City) (Zip code)

FILED
MAR 23 P 4 25
CLERK OF STATE
TALLAHASSEE, FLORIDA

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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Gautam Patel

Address: 50 SW 2nd Ave Ste 202

Boca Raton, FL 33432

Vice President: _____

Address: _____

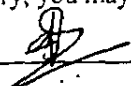
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. GAUTAM PATEL, OFFICER

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

FILED
MAR 23 PM 4:25
CLERK OF STATE
TALLAHASSEE, FLORIDA

Our Ref: C02313/cor/eka

16th of February, 2017

Mr. Michael Chandross
Lerro & Chandross, PLLC
50 SW 2nd Avenue, Suite 201
Boca Raton
FL 33432
USA

BY DHL Courier Service

Tel: +1 561-995-0064

Dear Mr. Chandross

GAP Advisors Limited

In relation to the above company, kindly find enclosed an original Certificate of Good Standing, dated 16th of February, 2017.

We are at your disposal for any further assistance you may need.

Yours Sincerely

Trident Trust Company (Cyprus) Limited

Per



Elizabeth Kitallides
Senior Corporate Administrator

Enc



HE 246876

**MINISTRY OF ENERGY, COMMERCE, INDUSTRY AND TOURISM
DEPARTMENT OF REGISTRAR OF
COMPANIES AND OFFICIAL RECEIVER
NICOSIA**

16 February, 2017

CERTIFICATE

GAP ADVISORS LIMITED

It is hereby certified that, in accordance with the records kept by this Department, the above Company was registered on the 10 March, 2009 and is still on our Registry.

A handwritten signature in black ink, consisting of a stylized 'I' and 'A'.

IRENE ATHANASIADOU

for Registrar of Companies