

F/17000001070

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6361

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302) 646-7400
Fax Number : (302) 646-1280

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: adams.denny@gmail.com

FOREIGN PROFIT/NONPROFIT CORPORATION
getgabby, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

2017 MAR -7 AM 9:06

TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 MAR -7 AM 9:49

FILED

((H17000060971 3)))

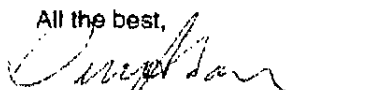


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2017 MAR - 7 AM 9:49
CLERK OF DISTRICT COURT
JANUARY 10, 2017

To Whom it May Concern:

This letter is to inform the State of Florida the owners of getgabby, Inc. have restructured the company and moved the state of incorporation to Delaware. We will continue to operate the company from Florida for now. We have no intentions of reinstating getgabby as the state of incorporation, but will operate as a Foreign Corporation. Please release the name to the new entity.

All the best,


Donny Adams
Founder and Chairman

48 Burton Place, Tarpon Springs, FL 34688

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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. getgabby, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware
(State or country under the law of which it is incorporated)
3. 462755715
(FEI number, if applicable)
4. 01/03/2017
(Date of incorporation)
5. _____
(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. 48 Burton Place, Tarpon Springs, Florida, 34688
(Principal office address)
48 Burton Place, Tarpon Springs, Florida, 34688
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Denny Adams
Office Address: 48 Burton Place
Tarpon Springs Florida 34688
(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Denny AdamsAddress: 48 Burton Place, Tarpon Springs, Florida, 34688

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

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. Denny Adams _____

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. Denny Adams, CEO _____

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

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

B. OFFICERS

CEO: Denny Adams

Address: 48 Burton Place, Tarpon Springs, Florida, 34688

FILED
2017 MAR -7 AM 9:49
CLERK OF DISTRICT
JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GETGABBY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GETGABBY, INC." WAS INCORPORATED ON THE THIRD DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

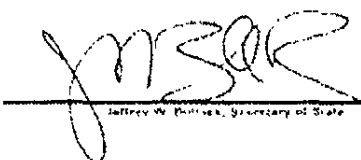
FILED
2017 MAR -7 AM 9:50
JEFFREY W. BULLOCK, SECRETARY OF STATE
DELAWARE



6270058 8300

SR# 20171586606

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202140478

Date: 03-03-17

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MAR-06-2017 17:04 From:
850-817-8381

To:18506176383
3/6/2017 9:46:28 AM PAGE 1/001 Fax Server

Page:1/7



March 6, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations
HARVARD BUSINESS SERVICES, INC.

SUBJECT: GETGABBY, INC.
REF: W17000018660

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is P13000036397.

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.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H17000060971
Letter Number: 117A00004179

2017 MAR -7 AM 9:06
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314