F17000005185

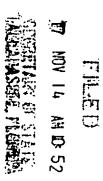
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer. Spoke with Richard who gave permission to write-in principal and mail address.				

Office Use Only



800305617758

11/14/17--01052--011 ++70.00



BF W7/17

COVER LETTER

TO:	O: Registration Section Division of Corporations							
SUBJ	ЕСТ:	GENC	AN WA	GLOE	,al	USH, INC	,	
., 0			Name o	of corpora	ition - 1	nust include suffix		
Dear S	Sir or Madan	n:						
"Сепі	ficate of Exi	istence," oi		of Good	Standi.	ig" and check are so	act Business in Florida." bmitted to register the	
Please	return all co	orresponde	nce concerni	ing this m	atter to	the following:		
	te	-1 CH	AND	77	EN	NEN		
				Name	e of Pe	son		
	651	JCAN	NA 6	LOBA	し	USA, INC	_ •	
							· · · · · · · · · · · · · · · · · · ·	
	42	74	COLBY	12-1	,	<i>t</i>		
	·	<u> </u>		A	ddress		·-	
	V	VINCE	ESTER	KI	1	40391 Zip code		
				City/Sta	L ite and	Zip code		
,	b JCH	12D.	DREAM	EA) (6	OCANINA.	COM	
	21011	I E-	mail address	: (to be u	sed for	NCANNA . future annual report	notification)	
For fu	rther inform	ation cone	erning this m	iatter, plea	ise call			
				actor, pro-				
		\sim		at (B)	· 9	595. 64. Daytime Tele	40 -	
	Name of I	Person		Area	Code	Daytime Tele	phone Number	
	STREET/	COURIE	R ADDRES	S:		MAILING A	ADDRESS:	
Registration Section						Registration Section		
Division of Corporations						Division of Corporations		
Clifton Building 2661 Executive Center Circle						P.O. Box 6327 Tallahassee, FL 32314		
	Tallahasse					rananassee,	rt. 32314	
Enclos	ed is a chee	k for the fo	llowing amo	ount:				
⊡ ∕\$70).00 Filing F	Fee 🗆	\$78,75 Filing Certificate c			78.75 Filing Fee & Certified Copy	S87.50 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. (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. TELEW ARE
(State or country under the law of which it is incorporated)

3. 46 - 5640151
(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Marjorie Rd - St. Cloud, FL 34772

(Principal office address)

Colby Rd Winchester, KY 40391

(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) KRISTEN GOLMAN Name: 2820 MAJOHE 23. 000 ST. CLOUD (City) . Florida 34772 (City) (Zincode) Office Address: 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.

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.

(Registered agent's signature)

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

A. DIREC	CTORS
Chairman:	MICHARL FALCONE
Address: _	333 W WASHINGTON ST, SUITE 600
	333 W WASHINGTON ST SUITE 600 SYPACUSE, NY 13202
	man:
Address: _	
—	MIKE KELLEY
	2820 MAJOPIE POAD
Address: _	ST. clab, FL 34772
	CHPUS STUBBS
	1410 FOLVELL DR, SW
_	ROCHESTER MN 55902
B. OFFIC	CERS
President:	STEVE BEVAN 12 HAZEL CPECCENT
Address: _	12 HAZEL CPE SCENT
_	KEENE, ONTAKIO, CHUMBA K9J 6X7
Vice Presid	ent: MIKE KELLEY
Address: _	SEE ABOVE
_	
Secretary:	MCHAND H DRENNEN _ 4274 COLBY PD, WINCHESTER, KY 403912 = ==
Address: _	~4274 COLBY FD, WINCHESTER KY 4039 12 = =
Treasurer:	(ERVIE SAMMON)
Address: _	
NOTE: II	f necessary, you may attach an addendum to the application listing additional officers and ordinectors.
12	- Company of the comp
The office	Signature of Director or Officer r or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein
are true an	d that he or she is aware that false information submitted in a document to the Department of State constitutes
_	ree felony as provided for in s.817.155, F.S. P.V. HADD H. DREWNEW
13	(Typed or printed name and capacity of person signing application)

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GENCANNA GLOBAL USA, 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 SECOND DAY OF NOVEMBER, A.D. 2017.

Authentication: 203506436

Date: 11-02-17