# F18 00 0000076

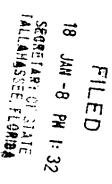
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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12/12/17--01043--009 \*\*70.00



## **COVER LETTER**

то:	O: Registration Section Division of Corporations					
SUBJ	ECT:	GLOBAL CONSULTING	SOLUTIONS	, INC.		
		Name of	corporation -	must include suffix	··································	
Dear S	ir or Madam:					
Quill	INCREOI EXISTE	ation by Foreign Corp nce," or "Certificate of ign corporation to tran	Good Stand	ing" and check are cut	act Business in Florida," omitted to register the	
	return all corre	spondence concerning	this matter t	o the following:		
	<del></del>		Name of Po	erson		
T	OM HARDIE & A	ASSOCIATES, P.C.				
42	25 EAST CROSS	VILLE ROAD, SUITE	Firm/Comp	any		
RO	SWELL, GA 300	075-3059	Addres	S		
Т	OMHARDIECPA@	C BELLSOUTH , NET	City/State and	l Zip code		
		E-mail address: (t	o be used fo	r future annual report r	notification)	
For fur	ther information	n concerning this matt	er, please ca	1:		
TOM	HARDIE, CPA	at	770 (	992-2480 }	992-2480	
	Name of Pers	on	Area Code	Daytime Telepi	hone Number	
	Registration S Division of Co Clifton Buildin	orporations ng e Center Circle		MAILING A. Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	
Enclose	ed is a check fo	r the following amoun	t:			
<b>¥</b> \$70	.00 Filing Fee	\$78.75 Filing For Certificate of S		\$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.

	BULTING SOLUTIONS  pole in Florida, enter alternate corporate name a	dopted for the purpose of transacting	ng business in Florida)				
GEORGIA	3	58-2257712					
(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
J. 8-1-96		PERPETUAL					
(Date	of incorporation)	(Date of duration, if other than perpetual)					
5.							
642 S	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501 LOOP PARKWAY, ST AUGUSTINE, FL 3209	02, F.S., to determine penalty liabil	lity)				
1	······································		<u></u>				
SAME A	(Principal office address)  SAME AS 7.						
	(Current mailing	g address, if different)					
8. Name and stree	t address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	SECTION 18				
Name:	MIKE SAMITT		HIE ST				
Office Address:	642 S LOOP PARKWAY		1-8 25-05				
	ST AUGUSTINE	32095-6833 , Florida	PE D				
	(City)	(Zip code)	1: 32				
	nt's acceptance:		red corporation at the plac				

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.

(Régistered agent's signature)

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

A. DIKE	CTORS	
Chairman:	MICHAEL D. SAMITT	
Address:	642 S LOOP PARKWAY	
_	ST AUGUSTINE, FL 32095-6833	
Vice Chairm	N/A nan;	
Director:	MICHAEL D. SAMITT	
Address:	642 S LOOP PARKWAY	
	ST AUGUSTINE, FL 32095-6833	
Director:	N/A	
Address:		
B. OFFIC	ERS	-
President:	MICHAEL D. SAMITT	18 ALLA
	642 S LOOP PARKWAY	
	ST AUGUSTINE, FL 32095-6833	# 8 H
Vice Presider	nt:N/A	
		real control of the c
_		
Secretary:	MICHAEL D. SAMITT	
Address:	642 S LOOP PARKWAY, ST AUGUSTINE, FL 32095-6833	
Treasurer: _	MICHAEL D. SAMITT	
Address:	642 S LOOP PARKWAY, ST AUGUSTINE, FL 32095-6833	
NOTE: If n	necessary, you may attach an addendum to the application listing a	dditional officers and/or directors
12	M)	
are true and a third degre	Signature of Director or Officer or director signing this document (and who is listed in number 11 that he or she is aware that false information submitted in a document felony as provided for in s.817.155, F.S.	above) affirms that the facts stated herein nent to the Department of State constitutes
13. MICHA	AEL D. SAMITT, CHAIRMAN ETC.	
	(Typed or printed name and capacity of person signing	annlication)

Control Number: K625745

## STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my

## GLOBAL CONSULTING SOLUTIONS, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 14974490 Date Inc/Auth/Filed: 08/08/1996 Jurisdiction : Georgia Print Date : 12/04/2017

Form Number : 211

