F180000000a94

(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:

Office Use Only



300307324213

DEPARTMENT OF STATE

18 JAN 19 PM 4: 3

5 A 8: 42
SECRETARY OF STATE

J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 022248 4301677

AUTHORIZATION :

COST LIMIT : (\$7.0.00

ORDER DATE: January 16, 2018

ORDER TIME : 3:32 PM

ORDER NO. : 022248-005

CUSTOMER NO: 4301677

FOREIGN FILINGS

NAME: GWS SERVICES INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corp					
0.00	GWS Servi					
SUBJ	ECT:	Name o	of cornoration	- must include suffix		
		waine c	r corporation	- must menude surnx		
Dear S	Sir or Madam:					
"Certi	nclosed "Application ficate of Existence, referenced foreign	" or "Certificate	of Good Star	ding" and check are su	nct Business in Florida," comitted to register the	
Please Ruth S	return all correspo ilva	ndence concerni	ng this matter	to the following:		
			Name of	Person		
Morris	on Cohen LLP					
			Firm/Com	pany	 	
909 T	iird Avenue - 27th Fl	oor		, ,		
			Addre	ess		
New Y	ork, NY 10022					
			City/State a	nd Zip code		
rsilva@	morrisoncohen.com	ı				
		E-mail address:	(to be used t	or future annual report	notification)	
For fur	ther information c	oncerning this ma	atter, please o	all:		
Ruth S	ilva		212 at (735-8644		
	Name of Person		Area Cod	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			· S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
	2661 Executive C Tallahassee, FL			Tallahassee, I	FL 32314	
Enclos	ed is a check for th	e following amo	unt:			
□ \$ 70	.00 Filing Fee	□ \$78.75 Filing Certificate of		\$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.

	rporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	•		
GWS MAN	AGEMENT SERVICES INC.				
Delaware	ble in Florida, enter alternate corporate name a				
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)			
December 28, 20		perpetual			
	of incorporation)	(Date of duration, if other th	(Date of duration, if other than perpetual)		
		al office address)	7 - 67		
		g address, if different)	• • • • • • • • • • • • • • • • • • • •		
Name and stree	t address of Florida registered agent: (P.C	D. Box NOT acceptable)	\?		
Name:	Corporation Service Company		3 ÷		
ffice Address:	1201 Hays Street		co.		
	Tallahassee	32301 Florida	* ~		
	(City)	(Zip code)			
	ent's acceptance:	ce of process for the above stated			

Corporation Service Company

Asst. Vice President

(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 Sean Natarajan Chairman: 492 Meadow Lark Dr. Sarasota, FL 34236 Address: ____ Vice Chairman: Address: _____ Director: Address: Director: **B. OFFICERS** Sean Natarajan President: 492 Meadow Lark Dr. Sarasota, FL 34236 Address: _____ Michael L. Martell Secretary: _ Morrison Cohen LLP, 909 Third Avenue - 27th Floor, New York, NY 10022 Address: Treasurer: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

Michael L. Martell, Secretary

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GWS SERVICES 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 SIXTEENTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GWS SERVICES INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2017.

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

Authentication: 201977943

Date: 01-16-18

6683382 8300 SR# 20180285229