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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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BECRETARY, MESTATE STATE OF CORPORATIONS

B FIGUEROA APR 0 9 2018

COVER LETTER

TO:	Registration S Division of C					
SUBJ	ECT: ()	EOCY	INC.			
БСБ6	Lei	1	Name of corpora	tion -	must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear S	Sir or Madam:					
"Certif	ficate of Exister	nce," or "Cert		Stand	ing" and check are su	act Business in Florida," bmitted to register the
Please	return all corre	spondence co	ncerning this m	atter t	o the following:	
	Gl0R68	CONI	640			
	 			of Pe	erson	
	GEOC'	Y INC	. •			
	<u> </u>		Firm/	Compa	iny	
	7615	SW 1	Firm/0	- ·	•	
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	MIRM	I, FL	3317	3		
			•		Zip code	
6	BEOCVI	NCO.	SMALL.CO	MC		
	70 -	E-mail a	ddress: (to be us	sed for	future annual report	notification)
For fu	ther informatio	n concerning	this matter, plea	ise cal	1:	
ઉલ	XIGE CON	1640	at (6_	708-751	0
	Name of Pers	son	Area	Code	Daytime Telep	ohone Number
	STREET/CO		DRESS:		MAILING A	
	Registration S Division of Co				Registration S Division of C	
	Clifton Buildi	ng			P.O. Box 632	
	2661 Executiv Tallahassee, F		ele		Tallahassee, l	FL 32314
Enclos	ed is a check fo	r the following	g amount:			
57 0	0.00 Filing Fee		Filing Fee & icate 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. GEOCY INC	·····
(Enter name of corporation; must include "INCORPORATED," "CO"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"
nic., co., corp, nic, co, or corp.	
DEO NVC. INC.	
(If name unavailable in Florida, enter alternate corporate name adopt	ed for the purpose of transacting business in Florida)
2. NEW YORK 3.	81-2920811
(State or country under the law of which it is incorporated)	(FEI number, if applicable)
4. 6/6/2016 5.	
(Date of incorporation)	(Date of duration, if other than perpetual)
6(Date first transacted business in Flor	ida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F	S., to determine penalty liability)
THE OIL WAY TO MAKE	
7. 7615 SW 1064 AVE MIAMI	, FL 33(73
7. 1615 SW 106" PUE MIRMI (Principal off	
	ice address)
(Principal off	ice address)
(Principal off	rice address)
(Principal off (Current mailing add 8. Name and street address of Florida registered agent: (P.O. Bo	rice address)
(Principal off (Current mailing add 8. Name and <u>street address</u> of Florida registered agent: (P.O. Bo Name: Geolds CON(6110	rice address)
(Principal off (Current mailing add 8. Name and street address of Florida registered agent: (P.O. Bo	rice address) dress, if different) x NOT acceptable)
(Principal off (Current mailing add 8. Name and street address of Florida registered agent: (P.O. Bo Name: Geolde Contolio Office Address: 1615 Sw 106th Ave	rice address) dress, if different) x NOT acceptable)
(Principal off (Current mailing add 8. Name and street address of Florida registered agent: (P.O. Bo Name: Geolde Contolio Office Address: 1615 Sw 106th Ave	rice address) dress, if different) x NOT acceptable)

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 GEORGE CONIGLIO Chairman: 2615 SW 106 AVE Address: MIRMI, FL 33173 Vice Chairman: ___ Address: _____ Director: __ **B. OFFICERS** President: GEORGE CONIGLIO Address: __ 7615 SW 106 ANE MIGHUI, FL 33173 Vice President: Secretary: Treasurer: 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

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

a third degree felony as provided for in \$817.155, F.S.

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GEOCY INC was filed on 06/06/2016, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 21st day of March two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State