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PICK-UP WAIT MAIL						
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COVER LETTER

TO:	Programme Registration Section Division of Corporations					
erus:	Green Stone De					
SUB	JECT:	Name of corp	oration -	must include suffix		
Dear S	Sir or Madam:					
"Certi	nclosed "Application b ficate of Existence," or referenced foreign cor	"Certificate of Goo	od Standi	ng" and check are sub	ct Business in Florida." mitted to register the	
	e return all corresponde Mitzner	nce concerning this	matter to	the following:		
		Na	me of Pe	rson		
Green	Stone Design, Inc.					
		Fir	m/Compa	iny		
48 For	t Royal Isle					
	<u></u>		Address		, =>**	
Fort L	auderdale, FL 33308					
		City/	State and	Zip code	, ,, , , , , , , , , , , , , , , , , , 	
m.mit	zner@hotmail.com					
	E-	mail address: (to be	used for	future annual report r	notification)	
For fu	rther information conce	erning this matter, p	olease cal	l:		
Maura Mitzner		404	4	483-9020		
	Name of Person		ea Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Enclo	sed is a check for the fo	llowing amount:				
3 \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Statu		\$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.

Green Stone De							
	orporation; must include "INCORPORATED," · orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"					
GS Design, Inc.							
(If name unavaila	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)						
Georgia 2.	Georgia 02-0674307						
	y under the law of which it is incorporated) 5.	(FEI number, if applicable)					
	of incorporation)	(Date of duration, if other than	perpetual)				
5							
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)						
834 Inman Villag	e Pkwy NE, ATLANTA, GA, 30307	2, F.S., to determine penany hability)					
7	(Principal	office address)					
48 Fort Royal Isl	e, Fort Lauderdale, FL 33308	office address)	13 P				
	(Current mailing	address, if different)					
			5				
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)					
Name:	Maura Mitzner		.				
Office Address:	48 Fort Royal Isle		7 %				
office Address.	Fort Lauderdale	33308 . Florida					
	(City)	(Zip code)					
o n							
	ent's acceptance: led as registered agent and to accept service	of process for the above stated con	rporation at the place				
designated in this	application, I hereby accept the appointme	nt as registered agent and agree to	act in this capacity.				
	omply with the provisions of all statutes rel amiliar with and accept the obligations of i		erformance of my				
_	Maura Mitz	nes					
	(Registered ag	ent'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.

A. DIRECTORS Chairman: ___ Vice Chairman: Director: **B. OFFICERS** Maura Mitzner President: 48 Fort Royal Isle, Fort Lauderdale, FL 33308 Address: Vice President: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Maira Mitane President 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. Maura Mitzner, President 13. ____

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

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

Control Number: 0306053

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

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

GREEN STONE DESIGN 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 : 15741761 Date Inc/Auth/Filed: 01/27/2003 Jurisdiction : Georgia Print Date : 04/13/2018

Form Number : 211



Brian P. Kemp Secretary of State