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SECRETARY OF STATE ALLAHASSEE, FLORIDA

O SIMMONS JUL 2 1 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Gold MINE SKI	115 Toc	
Name of corporation	- must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for A "Certificate of Existence," or "Certificate of Good Standabove referenced foreign corporation to transact business	ding" and check are subn	
Please return all correspondence concerning this matter	to the following:	
Marisa Lutz		
Name of F	erson	
Gold Mine Skills INC.		
Firm/Comp	pany	
2542 SW Klasinate	J SX	
Addre	ss	<del></del>
Port Saint Lucie FL	34953	
City/State an	d Zip code	
_ Marisalutz @ att.,,	ie <del>/</del>	
E-mail address: (to be used for	or future annual report no	otification)
For further information concerning this matter, please ca	all:	
Marisa Lutz ar 330	)_2/2-95/	14/
Name of Person Area Code	Daytime Teleph	one Number
STREET/COURIER ADDRESS:	MAILING AD	DRESS:
Registration Section	Registration Se	
Division of Corporations Clifton Building	Division of Cor P.O. Box 6327	porations
2661 Executive Center Circle	Tallahassee, FL	. 32314
Tallahassee, FL 32301	•	
Enclosed is a check for the following amount:		
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ Certificate 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

	E WITH SECTION 607.1503, FLORIDA ST REIGN CORPORATION TO TRANSACT B	ATUTES, THE FOLLOWING IS SUBMITTED TO	
· Gal	$d m \leq k \leq l \leq -$	Tav	
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
Free	lom 715		
(If name unavaila	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in Florida)	
2. <u>Ohi</u>	<u>O</u> 3.	82-3082624	
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. <u>/0/</u>	27/2017 5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6			
	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
2/10/11	Newton St. AKron, OVA	A A / /// > C	
7. <u>X999</u> /\		al office address)	
	(rincipe	ar office address)	
	(Current mailing	g address, if different)	
	(0.000	- c. 6	•
8. Name and stree	et address of Florida registered agent: (P.O	Box NOT acceptable)	
	Kris Awinn		•
Name:			
Office Address:	allela S. U.S. Highway	1 Sullets	
	Part Saw + Lucia	Florida 34952	
	(City)	(Zip code)	
O. Posistand ass			
<ol> <li>Registered age Having been nam</li> </ol>		ce of process for the above stated corporation at the pla	ıce
designated in this	application, I hereby accept the appointm	ent as registered agent and agree to act in this capacit	
	omply with the provisions of all statutes re amiliar with and accept the obligations of	elative to the proper and complete performance of my my position as registered agent.	
	/ Comments	The position as regional and agence	
	hus Al		
_	// (Registered a	gent'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 Chairman: 11/4-Vice Chairman:  $\wedge \downarrow_e \downarrow_e$ Address: \_ AKNOW 1.H 4430S B. OFFICERS Secretary:  $\Delta I/\Delta$ Address: Treasurer: 1 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. (Typed or printed name and capacity of person signing application)

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GOLD MINE SKILLS, INC., an Ohio corporation, Charter No. 4090472, having its principal location in Akron, County of Summit, was incorporated on October 27, 2017 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of July, A.D. 2018.

Ohio Secretary of State

for Hastel

Validation Number: 201818702892