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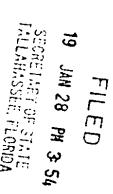
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#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SHRJ	G-SCIENCE	. Inc.				
., .,		Name of	corporation	- must include suffix		
Dear S	Sir or Madam:					
"Certi		or "Certificate o	f Good Stand	ding" and check are sul	nct Business in Florida," bmitted to register the	
Please	return all correspon	dence concerning	g this matter	to the following:		
Karl V	Valter c/o Dianne Johns	son				
			Name of P	erson		
G-SCI	ENCE, Inc.					
			Firm/Comp	pany		
5500 F	lighlands Parkway					
			Addres	SS	<del>-</del>	
Smyrn	a, GA 30082					
			City/State an	d Zip code	-	
Dianne	e.Johnson@g-science.c	om				
		E-mail address: (	to be used fo	or future annual report	notification)	
For fu	rther information cor	icerning this mat	ter, please ca	ill:		
Dianne Johnson 678		678	306-2542			
	Name of Person	at	Area Code	Daytime Telep	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclos	sed is a check for the	following amoun	nt:		-	
□ \$70	0.00 Filing Fee	\$78.75 Filing I 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. G-SCIENCE, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") G-SCIENCE, Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 47-2552820 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) 12/02/2014 (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5500 Highlands Parkway, Smyrna, GA 30082 . (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: Plantation , Florida (City) (Zip code) 9. Registered agent's acceptance: 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.

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: Address: Vice Chairman: Address: \_\_ KARL WALTER Director: 台 5500 Highlands Parkway Address: Smyrna, GA 30082 Address: **B. OFFICERS** KARL WALTER President: 5500 Highlands Parkway Address: Smyrna, GA 30082 Vice President: \_\_\_ \_ Address: \_\_\_ KARL WALTER Secretary: 5500 Highlands Parkway, Smyrna, GA 30082 Address: KARL WALTER Treasurer: 5500 Highlands Parkway, Smyrna, GA 30082 Address: NOTE: If necessary, you may at ach 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 re true and that he or she is aware that false information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S. KARL WALTER, CEO / PRESIDENT

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

Control Number: 14114284

#### 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, Robyn A. Crittenden, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## G-SCIENCE, 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 : 16303175 Date Inc/Auth/Filed: 12/02/2014 Jurisdiction : Georgia Print Date : 12/06/2018

Form Number : 211



Robyn A. Crittenden
Secretary of State