FIGOODAOI

(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:				
W1900035381				

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SECRETARY OF STATE

Y SCOTT MAY - 8 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2019

TOD S. OLSEN 2050 E. ASU CIRCLE SUITE:103 TEMPE, AZ 85284

SUBJECT: GRM INFORMATION MANAGEMENT SERVICES, INC.

Ref. Number: W19000035381

We have received your document for GRM INFORMATION MANAGEMENT SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Yvette Scott Document Specialist II

Letter Number: 319A00006964

RECEIVED MAY 0 3 2019

COVER LETTER

TO: Registration Section Division of Corporations			
GRM Information Mar	agement Services, Inc.		
SUBJECT:	lame of corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Forei "Certificate of Existence," or "Cert above referenced foreign corporation	ificate of Good Stand	ling and check are such	t Business in Florida." nitted to register the
Please return all correspondence co	ncerning this matter	to the following:	7. 2
Tod S. Olsen, Chief Technology Office			SEC
	Name of P	'erson	AN A
GRM Information Management Service			7019 NAY -3 SECRETARY TALLAHASSE
	Firm/Com	pany	PH 4:
2050 E. ASU Circle, Suite 103			S S S S S S S S S S S S S S S S S S S
	Addre	SS	IDA
Tempe, AZ 85284			
	City/State ar	id Zip code	
tod.oisen@visualvault.com			
E-mail a	ddress: (to be used f	or future annual report n	otification)
For further information concerning	this matter, please c	all:	
Aimee Nuccio	571 at (342-0584	
Name of Person	Area Code	Daytime Teleph	hone Number
STREET/COURIER AD Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for the follow	ng amount:		
□ \$70.00 Filing Fee □ \$78.7 Certi	5 Filling Fee & — I fleate of Status	1 \$78.75 Filing Fee & Certified Copy	■ \$87.50 Fiting 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

	on Management Services, Inc.		1	
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," http://"Inc." "Co." or "Corp.")	"COMPANY," "CORPORATION	Λ,	
New Jersey	ble in Florida, enter alternate corporate name a	idopted for the purpose of transactii	ng business in Florida)	
	y under the law of which it is incorporated)	(FEI number, if applicable) N/A		
(Date	(Date of incorporation) 5. (Date of duration, if other		er than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 Jersey City, NJ 07310	. Florida, if prior to registration) i02, F.S., to determine penalty liabil	lity)	
		al office address)	-	
2050 E. ASU Cir	clc, Suite 103 Tempe, AZ 85284		20 SE TAL	
	(Current mailin	ng address, if different)	9 MAY CRETE LAHA	
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.C United States Corporation Agents, Inc.	D. Box <u>NOT</u> acceptable)	-3 SSEE	
)ffice Address:	13302 Winding Oak Court Suite A		PH 4: 42 DF STATE DF LORIDA	
	Tampa	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. Thereby 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.

Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents. Inc.

(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 Chairman: Address: _______ Vice Chairman: Director: Address: _____ B. OFFICERS Moishe Mana, President President: ____ 215 Coles Street, Jersey City, NJ 07310 Address: Jerry Glatt, Officer Vice President: 215 Coles Street, Jersey City, NJ 07310 Address: _____ Secretary: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. _____ Signature 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. MOISHE MANA - President

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

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

GRM INFORMATION MANAGEMENT SERVICES, INC. 0100510601

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on March 04, 1992.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JERRY GLATT 215 COLES STREET JERSEY CITY, NJ 07310

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on March 01, 2019.

PRESIDENT

MOISHE MANA

16720 SENTERRA DRIVE

DELRAY BEACH, FL 33484

VICE PRESIDENT

JERRY GLATT

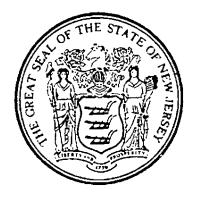
6050 FIELDSTON RD

BRONX, NY 10471



STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

GRM INFORMATION MANAGEMENT SERVICES, INC. 0100510601



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 29th day of April, 2019

Sun A New

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6096983207

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

PILED

2019 MAY -3 PM 4: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA