5/9/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION

Goorman Capital Partners, Inc.

Certificate of Status	0
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MAY 1 0 2019

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.

Œn	orman Capita	poration; must include "INCORPORATED p," "Inc," "Co," or "Corp.")	," "COMP/	NY," "CORPORATION	•:
	o., co., co.	,,,			
			· ·		1 Charles Charles
(If	name unavailat	ole in Florida, enter alternate corporate num	e adopted fo	r the purpose of transactin	g Dustiless in Florida)
2. W	lyoming	3	s		
2. <u>**</u> (\$	State or country	under the law of which it is incorporated)		(FEI number, if ap	plicable)
0.5	2/02/2016		Perpetua	al	
4. <u>0</u> 2	(Date of incorporation)			(Date of duration, if other	than perpetual)
	, = ===	•			71
6		(Date first transacted business (SEE SECTIONS 607.1501 & 607	in Florida, .1502, F.S.,	if prior to registration) to determine penalty liabil	ity)
7. <u>79</u>	01 4th St N S	TE 300 St. Petersburg FL 33702 (Prin	cipal office :	address)	
0.0	S EL COULD STA	10027 Sheridan Wy 82801			
30	N Gould St #	(Churcul ma	iling address	s, if different)	
8. N	lame and stree	a address of Florida registered agent: (P.O. Box <u>1</u>	NOT acceptable)	
	Name:	Registered Agents Inc.			
Offi	ce Address:	7901 4th St N STE 300			
		St. Petersburg	F	Florida 33702 (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.

Registered Agents Inc.

Bill Havre - Assistant Secretary

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: Brad Goorman Address: 7901 4th St N STE 300 St. Petersburg FL 33702 Vice Chairman: Address: Director: Brad Goorman Address: 7901 4th St N STE 300 St. Petersburg FL 33702 Director: _____ **B. OFFICERS** President: Brad Goorman Address: 30 N Gould St. Ste 10027 Sheridan Wyoming 82801 Vice President: Brad Goorman Address. 7901 4th St N STE 300 St. Petersburg FL 33702 Secretary: Brad Goorman Address: 7901 4th St N STE 300 St. Petersburg FL 33702 Treasurer: Brad Goorman Address: 7901 4th St N STE 300 St. Petersburg FL 33702 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.

(COCCOMMUNA

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

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Goorman Capital Partners, Inc

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on February 2, 2016, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2016-000705318.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 8th day of May, 2019 at 12:32 PM. This certificate is assigned 031014521.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.