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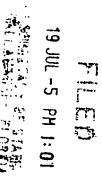
| (Requestor's Name) | | | | | | |
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| (Business Entity Name) | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



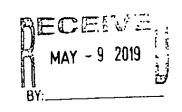
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04/25/18--01014--011 **87.50









May 2, 2019

DAVE JOLLOTA 760 PASEO CAMARILLO SUITE 401 CAMARILLO, CA 93010

SUBJECT: GBL SYSTEMS CORPORATION

Ref. Number: W19000042936

We have received your document for GBL SYSTEMS CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 819A00008841

RECEIVED

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www.sunbiz.org

COVER LETTER

| то: | | tion Sect of Corp | | | | | | |
|---|-------------|----------------------|---|----------------|---------|--|---|--|
| SUBJ | ECT: | BL Syste | ns Corporation | | | | | |
| 0000 | | | Name | of corporatio | n - m | ust include suffix | | |
| Dear S | Sir or Mad | am: | | | | | | |
| "Certi | ficate of E | xistence. | n by Foreign Co or "Certificate corporation to to | of Good Sta | ndin | g" and check are sub- | et Business in Florida." mitted to register the | |
| Please | return all | correspo | ndence concerni | ing this matte | er to t | he following: | | |
| Dave J | ollota | | | | | | | |
| | | | | Name of | Pers | on | | |
| GBL S | ystems Co | poration | | | | | | |
| 760 Pa | seo Camari | illo Suite | 401 | Firm/Cor | npan | y | | |
| | | | | Addı | ess | | | |
| Camar | illo, CA 93 | 010 | | | | | | |
| contrac | rts@gblsys | .com | • | City/State | and Z | ip code | | |
| | | | E-mail address | : (to be used | for f | uture annual report n | otification) | |
| For fu | ther infor | mation c | oncerning this m | atter, please | call: | | | |
| Dave Jollota | | | 805 at (| 987-4345 X-225 | | | | |
| | Name o | f Person | · · · | Area Coo | | Daytime Teleph | one Number | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | S: | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| Enclos | ed is a che | ck for th | e following amo | ount: | | | | |
| □ \$70 | 0.00 Filing | Fee . | □ \$78.75 Filing Certificate o | | | 8.75 Filing Fee & ortified Copy | S87.50 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. **GBL Systems Corporation** (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 11-3017372 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) (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) 760 Paseo Camarillo, Suite 401, Camarillo, CA 91310 (Principal office address) 760 Paseo Camarillo, Suite 401, Camarillo, CA 91310 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **Business Filings Incorporated** Name: 1200 South Pine Island Road Office Address: Plantation

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.

(City)

Mish Boll, Asst. Sec. Business Filioss Incarporated (Registered agent's signature)

, Florida

(Zip code)

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. DIRF | James Buscemi | |
|----------------|--|----------------|
| Address: | 60 Paseo Camarillo, Suite 401 | |
| | amarillo, CA 93010 | |
| Vice Chair | nan: | |
| Address: | | |
| _ | | |
| Director: | | |
| Address: | | |
| | <u> </u> | |
| Director: | | |
| Address: | | |
| | | |
| B. OFFI | | |
| President: | James Buscemi | |
| Address: | 60 Paso Camarillo, Suite 401 | |
| | Camarillo, CA 93010 | |
| Vice Presi | Same ent: | 77 |
| Address: | <u> </u> | 47777 47777 |
| | PH | <u></u> |
| Secretary: | Same | |
| Address: | | |
| Treasurer: | Same | |
| Address: | | |
| NOTE: | necessary, you may attach an addendum to the application listing additional officers and/or directors. | |
| 12. | Burnin | |
| The officate a | Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated here d that he or she is aware that false information submitted in a document to the Department of State constitutes felony as provided for in s.817.155, F.S. | in ites |
| 13. Jame | Buscemi, CEO | |
| | (Typed or printed name and capacity of person signing application) | |

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GBL SYSTEMS CORPORATION was filed on 06/08/1990, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 24th day of June two thousand and nineteen.

Whitney Clark

Deputy Secretary of State

Who may Clark