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JAN 27 (M) T. LEVINENY

COVER LETTER

то:	Registration Section Division of Corporatio	ns			
SUBJ	ECT:	saco Ir	`(
SUDJ	ECT	Name of corpora	tion - must inc	lude suffix	
Dear S	ir or Madam:				
"Certif	closed "Application by I icate of Existence," or "referenced foreign corpo	Certificate of Good	Standing" and	check are submitte	
Please	return all correspondenc	e concerning this ma	atter to the follo	owing:	
		Christon	of Person	coler >	
		470 Firm/	Grp -	Inc	
	500	NW Zn	1 2		# 11789
	· · · · · · · · · · · · · · · · · · ·	Miani City/Sta	te and Zip cod	33101	
	E-m	Cotact (ail address: (to be us	•		cation)
For fur	ther information concerr	ing this matter, plea	se call:		
<u>C</u> r	Name of Person	Pozers at (<u>38</u>) <u>リ</u> Code D	34 5710 Paytime Telephone	Number
	STREET/COURIER Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street Tallahassee, FL 32303	ns sec . Suite 810	1 [F	MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Fallahassee, FL 32	n ations
Please n			ENT OF STATI \$78.75 Fi Certified	iling Fee & 🔻 🗆	\$87.50 Filing Fcc, 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.

(If name unavaila	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)
2. Dela	ગુલ્લ 3	84 - 4166460
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. 10- 2 9		
(Date	of incorporation)	(Date of duration, if other than perpetual)
6	1-15-2020	
7. 1441 B	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liability)
7 <u>. 1441 B</u> .	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, -ichell ave Floor 17	F.S., to determine penalty liability) Michael FC 33131 dreet address)
7. 1441 B	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liability) Nicoli FC 33131 irreet address) identification for acceptable) ox NOT acceptable)
7. 1441 B	(Date first transacted business in Florida registered agent: (P.O. B	F.S., to determine penalty liability) Nicoli FC 33131 irreet address) identification for acceptable) ox NOT acceptable)
7. 1441 Bo 5∞ N 8. Name and stree Name:	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, -ickell ove Floor 17 (Principal office sold ove # 11.789) Cond ove # (Current mailing ac	F.S., to determine penalty liability) Michael PC 33131 Idrect address) Idrect address, if different) ox NOT acceptable)

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.

A. DIRECTORS						
☑ Chairman	Name: Christopher Rogers	□ Chairman	Name: Genevieur Bussit			
□Vice Chairman	Address: 1441 Brillell are	☑Vice Chairman	Address: 1441 Boichell G			
DelDirector	FL# 17	□Director	Place 17			
□ President	Miami FL 33131	□President	Minni FL 33131			
□Vice President		☐Vice President				
☐ Secretary	☐Treasurer	Secretary	⊠Treasurer			
Sother <u>CG</u>	© □Other	□Other	Other			
□Chairman	Name:	□Chaiπnan	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	□Other	□Other	Other			
□Chairman	Name:	□Chairman	Name:			
□ Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□ Vice President		□ Vice President				
Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	□ □ Other	□Other	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
12.	Signature of Director or					
	Signature of Mirector or signing this document (and who is listed in number disc information submitted in a document to the Departm	11 above) affirms th				
13.	(Typed or printed name and capacity of person	Chairman signing application	/ Prwident / CGO			

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GROACO INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTH DAY OF JANUARY, A.D. 2020.



Authentication: 202142947

Date: 01-08-20