Faccomba

(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				

Office Use Only



700339616197

700339616197 02/07/20--01003--014 **87.50

> SECALIVARY OF STATE FALLAHASSEE, FLORIDA

2020 FEB -7 AM II: 0620 FTS -7 AT NO. 48



COVER LETTER

Ą

•	stration Section sion of Corporations			
SUBJECT:	Gregory Guzzi Jewelers Inc.,	٠.		
Sebuse I.		f corporation	- must include suffix	
Dear Sir or N	Aadam:			
"Certificate of	I "Application by Foreign Cor of Existence," or "Certificate a need foreign corporation to tra	of Good Stand	ding" and check are sub	
Please return	all correspondence concernir	ng this matter	to the following:	
Gregory Guzz	zi			L Ass
	· · · · · · · · · · · · · · · · · · ·	Name of I	Person	ASSEE. OF A
Gregory Guzz	ti Jewelers Inc., DBA G&G Inc.			AM 11: 06 E. FLORID
		Firm/Com	pany	20 6
13542 Mirror	Lake Dirve			Þ
		Addre	ss	
Orland, FL 32	1828			
		City/State at	nd Zip code	
gregory.guzzi	@verizon.net			
	E-mail address:	(to be used f	or future annual report	notification)
For further in	nformation concerning this ma	atter, please c	all:	
Gregory Guzz	:i	301	706-0980	
Nan	ne of Person	Area Code	Daytime Telep	phone Number
Regi Divi: The 2415	EET/COURIER ADDRESS stration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303	ò:	MAILING A Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27
	t check for the following amo heck payable to: FLORIDA DE ling Fee	PARTMENT g Fee &	OF STATE l \$78.75 Filing Fee & 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.

1	Gregory Guzzi Jewelers Inc							
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," or "Corp.")							
	N/A							
	(If name unavaila	able in Florida, enter alternate corporate nan	ne ado	pted for the purpose of transacting	ng business in I	lorida)		
2	Delaware		3 52	52-1983148				
<u> </u>	(State or country under the law of which it is incorporated)		· —	(FEI number, if applicable)				
4	06-19-1996		5.					
•	(Date of incorporation)			(Date of duration, if other than perpetual)				
6	N/A				2020 FEB			
7	. 13542 Mirror Lak	· ·	.1502 office	, F.S., to determine penalty liabili street address)	SSE . FLOR			
		(Current mai	ling a	ddress, if different)	A STATE OF	ζ.		
8	. Name and stree	et address of Florida registered agent: (I	P.O. I	Box NOT acceptable)				
	Name:	Gregory D. Guzzi		_				
Office Addres	Office Address:	13542 Mirror Lake Drive		_				
		Orlando		, Florida ³²⁸²⁸				
		(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.

GRegistered 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.

A. DIRECTORS							
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Orlando, Florida 32828	□Director					
President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other	□ Other	Other	Other				
□Chairman □Vice Chairman	Name:	□Chairman	Name:				
Director		□Director	FEB T				
□President		□President	SSEE TO TO				
□Vice President		□Vice President					
☐Secretary	Treasurer	☐ Secretary	ORIOA OTTressirer				
□Other	□Other	□Other					
Chairman	Name:	□ Chairman	Name:Address:				
	Address:		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 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.							
(Typed or printed name and capacity of person signing application)							



Page 1

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

DELAWARE, DO HEREBY CERTIFY "GREGORY GUZZI JEWELERS, 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 FIFTH DAY OF FEBRUARY, A.D. 2020.

.-

al core delaware sov/auti

Authentication: 202327545

Date: 02-05-20