

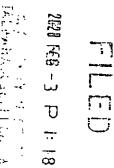
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#### COVER LETTER

	Division of Corporations			
SUBJE	CT: G & V Options & Solutions Inc.  Name of o			
	. Name of o	corporation	- must include suffix	•
Dear Sir	or Madam:			
"Certific	osed "Application by Foreign Corporate of Existence," or "Certificate of ferenced foreign corporation to tran	Good Stand	ling" and check are submitte	
Please re	eturn all correspondence concerning	this matter	to the following:	
Giomar M	d. Vasquez		· ·	
		Name of I	Person	
G& V O	ptions & Solutions Inc.			
		Firm/Com	pany	
10630 D	owney Ave Suite 100 B			
		Addre	SS	
Downey	CA 90241			
	(	City/State ar	id Zip code	
Giomar,	√asquez@gmail.com			
	E-mail address: ()	to be used fo	or future annual report notiti	cation)
For furth	ner information concerning this matt	er, please c	all:	
Giomar M	d. Vasquez	562-	Daytime Telephone Number	
	Name of Person	Area Code	Daytime Telephone	Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Please ma	d is a check for the following amour ake check payable to: FLORIDA DEP 00 Filing Fee	ARTMENT Fee & □		i \$87,50 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.

1. Cox y Options a	& Solutions Inc.			_
	orporation: must include "INCORPORATED, orp." "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	ON."	
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)	
California 2.				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 04/12/2013				
(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
As soon as possi	ible.			
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)	
7 19380 Collins Av	re #323, Sunny Isles, FL 33160			
·		ice street address)		•
10630 Downey A	Ave Suite 100 B, Downey CA 90241			
	(Current maili	ng address, if different)	2020	
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.C Giomar M. Vasquez	O. Box <u>NOT</u> acceptable)	768 - 3	T]
Office Address:	19380 Collins Ave #323		<u></u>	3
	Sunny Isles	Florida 33160		
	(City)	(Zip code)	<i>y.</i> 60	
designated in this further agree to c and I am familian	ent's acceptance:  sed as registered agent and to accept serve application, I hereby accept the appoint comply with the provisions of all statutes is with and accept the obligations of my pre  (Registered agent's secretificate of existence duly authenticated	ment as registered agent and ag relative to the proper and composition as registered agent.  Signature)	ree to act in this capa lete performance of m	eity. I y duties

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

#### A. DIRECTORS Giomar M. Vasquez Name: \_ Name: □ Chairman □Chairman 10630 Downey Ave, Suite 100 B ☐ Vice Chairman Address: □ Vice Chairman Address: Downey CA 90241 1 □ Director □ Director □ President □ Vice President □Vice President □Treasurer ■ Secretary Treasurer # ☐ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman □Chairman □Vice Chairman Address: \_\_\_\_\_ ☐Vice Chairman Address: □ Director □ Director □President □ President ☐ Vice President □ Vice President . . □ Secretary ☐Treasurer □ Secretary □ Treasurer □Other □Other \_\_\_\_\_ □Other □ Chairman □Chairman Name: \_\_\_\_\_ 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 export 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. ( Decended Signature of Director of 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. Giomar M. Vasquez

### State of California

## Secretary of State

CERTIFICATE OF STATUS

#### ENTITY NAME:

G & V OPTIONS & SOLUTIONS, INC.

FILE NUMBER:

C3226511

FORMATION DATE:

04/12/2013

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 18, 2020.

ALEX PADILLA Secretary of State