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CORPORATE ACCESS, _____

CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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G	QSE CORP.		C.77
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COVER LETTER

O: Registration Section Division of Corporations	
IBJECT: GASE (ARD.	
Name of corporation - must include suffix	
ear Sir or Madam:	
e enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," ertificate of Existence," or "Certificate of Good Standing" and check are submitted to register the ove referenced foreign corporation to transact business in Florida.	
ease return all correspondence concerning this matter to the following:	
JAMES J JULIEW	
Name of Person	
MOURDARROUGUIZ3	
Firm/Company	_
1930 VGIGLANZ MEMORIAL HWY SUIGHT 12-1	190
Address S	: ` . •
City/State and Zip code	
	\$ [27]
Exmail address: (to be used for future annual report notification)	7
r further information concerning this matter, please call:	Ö
	<u>က</u> ထ
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
closed is a check for the following amount:	
\$70.00 Filing Fee S78.75 Filing Fee & Certificate of Status Certified Copy S87.50 Filing Fee, Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607,1503, FLORIDA S REIGN CORPORATION TO TRANSACT.		
	GB 56	COPD.	
	corporation: must include "INCORPORATED, Corp." "Inc." "Co." or "Corp.")	" "COMPANY, "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bu	isiness in Florida)
2	cy under the law of which it is incorporated)		
(State or count	or under the law of which it is incorporated)	(FEI number, if applic	able)
4. <u> </u>	128/2020 5.		
(Date	f incorporation)	(Date of duration, if other than	perpetual)
6			
		in Florida, if prior to registration) 502, F.S., to determine penalty liability)	<u></u>
7. 114	D AUFNUL OFT	THE AMERICAS	aTHE
A. 30	(Princi	pal office address)	
<i>TUE</i>	mar no	0036	
	(Current maili	ng address, if different)	
8. Name and stre	et address of Florida registered agent: (P.	O. Box NOT acceptable)	25
Name:	Corporate Access		
Office Address:	236 East 6th Ave	e	1
	Tallahassee (City)	.Florida 32303	***
	(City)	(Zip code)	5:
9. Registered ag	ent's acceptance:		30 30
Having been nan designated in this further agree to d	ned as registered agent and to accept serves application, I hereby accept the appoint comply with the provisions of all statutes familiar with and accept the obligations of	ment as registered agent and agree t relative to the proper and complete p of my position as registered agent.	o act in this capacity.
	/ (Registered	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.

.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
AJdress:	
Director:	
Address:	
Director:	
Address:	ب در
B. OFFICERS	
President: WALREN STANDARD	
Address: 472 PUTNAM AUX	
Address:	(2)
- OKOBELLEN, NUTTER	•)
Vice President:	:
Address:	
	<u>:</u>
Secretary:	<u></u>
Address:	٠ <u>٠</u>
Treasurer:	
Address:	
NOTE: If peressary, you may attach an addendum to the application listin	g additional officers and/or directors.
12.	_
Signature of Director or Officer	
The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a document.)	
a third degree felony as provided for in s.817.155, F.S.	ament to the Department of State constitutes
13. WARRY CTONNARD	RESIDIANT
(Typed or printed name and capacity of person sign	ning application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GQSE CORP was filed on 01/28/2020, 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.



202003030529 - 30

Witness my hand and the official seal of the Department of State at the City of Albany, this 02nd day of March two thousand and twenty.

Brada C Hyla

Brendan C. Hughes Executive Deputy Secretary of State

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