

F2000000150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulfcom Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Debbie Phillips

	Name of Person	
Optimum Accounts/co Gulfcom Inc		
	Firm/Company	
8920 Pine Island Road		
	Address	
Clermont, FL 34711		
	City/State and Zip code	
optimumacct@gmail.com		
	E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Debbie Phillips	at (305)	283-4276
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 ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee. Certificate of Status & Certified Copy
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**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. Gulfcom Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Gulfcom Incorporated
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Barbados 3. 98-1522543
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. September 1, 1998 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. na
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 8920 Pine Island Rd. Clermont, FL 34711
(Principal office street address)

(Current mailing address, if different)


8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Debbie Phillips

Office Address: 8920 Pine Island Rd
Clermont . Florida 34711
(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.


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

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A. DIRECTORS

☐ Chairman Name: Debbie Phillips

☐ Vice Chairman Address: 8920 Pine Island Road

☒ Director Clermont, FL 34711

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Chris Skinner

☐ Vice Chairman Address: Suite #2, Prestige House

☒ Director Observatory Road, Clapham

☐ President St. Michael, BB 14006

☐ Vice President Barbados

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Lawrence Corke

☐ Vice Chairman Address: 1118 - 225 The East Mall,

☐ Director Toronto, Ontario Canada M9B 0A9

☒ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____ ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

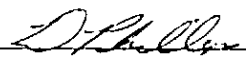
☐ President _____

☐ Vice President _____

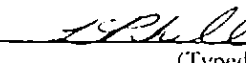
☐ Secretary _____ ☐ Treasurer _____

☐ 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.

13. 
(Typed or printed name and capacity of person signing application)

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BARBADOS

STAMP DUTY \$10.00
AMOUNT PAID \$10.00
RECEIPT NO 621322
DATE 2020-02-24
SIGNATURE: *[Signature]*

COMPANIES ACT, CAP.308

REGISTRAR'S CERTIFICATE

(Issued pursuant to S. 409 Companies Act, Cap.308)

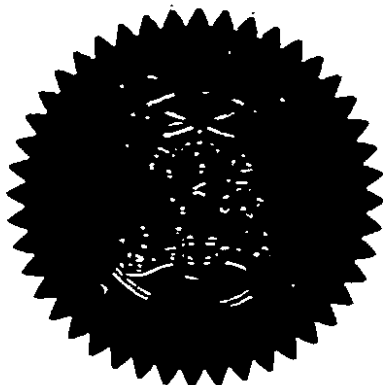
I, **ANN A. AIMEY-HARRIS**, ACTING ASSISTANT REGISTRAR of the Corporate Affairs and Intellectual Property Office, Ground Floor, Baobab Tower, Warrens in the Parish of Saint Michael and in the Island of Barbados, and as such a Notary Public do hereby certify that, pursuant to the Companies Act, Cap.308 at the date of this certificate and as far as is evidenced by documents filed with the Registrar, the company;

GULFCOM INC.
NAME OF COMPANY

15842
COMPANY NUMBER

1. Is validly existing on the Register of Companies;
2. Has paid all fees and penalties due under the Act;
3. Is not in the process of being wound-up or dissolved;
4. Has not had proceedings instituted to strike its name off the Register of Companies.

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Given under my hand and
Seal of Office as Notary Public
of this Island this **24th** day of **February 2020**

(ag) *[Signature]*
ASST. REGISTRAR AND AS
SUCH A NOTARY PUBLIC IN
AND FOR BARBADOS

[Note: The Registrar's Certificate is limited to this company's current state of compliance with the Companies Act, Cap.308 and should not be taken as a warranty or representation by the Registrar concerning the company's compliance with other laws of Barbados which the Registrar does not administer.]