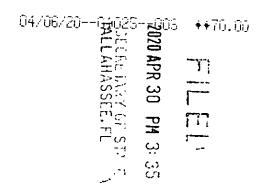


(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W300000 36881					

Office Use Only



400342771174







April 13, 2020

DR. TY RICHARDSON 500E LAS OLAS BLVD. APT:1701 FT. LAUDERDALE, FL 33301

SUBJECT: ONE GLOBAL INDEX CONSULTING

Ref. Number: W20000036881

We have received your document for ONE GLOBAL INDEX CONSULTING and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

PLEASE MAKE LINE #1 MORE LEGIBLE,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 020A00007804

APR 3 0 2070

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: One ALOSAC MOEX CONSULTING						
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: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." Please return all correspondence concerning this matter to the following: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida." Please return all correspondence concerning this matter to the following:						
Flease return all correspondence concerning this matter to the following:						
Name of Person						
One Guesse Instruction For w						
Firm/Company						
900F LAS CURS BURD Apr 1701						
Address						
TE LAUDENDAUF, FL 32301 City/State and Zip code						
City/State and Zip code						
E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Ty Rich ardson at (fob) 6228167 Name of Person Area Code 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 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 \$\forall \text{S70.00 Filing Fee} \text{\text{\text{Certificate of Status}}} \text{ \$\forall \text{S78.75 Filing Fee} \text{\text{\text{\text{Certified Copy}}}} \text{\$\forall \text{S87.50 Filing Fee}.} \text{Certified Copy} \text{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. ONE GLOBAU INDEX CONSULTING CORPORATION."

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.") 16 lobelindex Consulting
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

84-3828752

(FEI number, if applicable) 4. 05-05-2017 5. (Date of incorporation) (Date of duration, if other than perpetual) 06.01.2020 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CHANNIEY PIZHTARINAN

LONSE 340 AVE SUNR LO

TOUS CANDERSALE Florida 33394.

(City) (Zip code) Name: Office Address: 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.

A. DIRECTORS						
M hairman	Name: (HAUNCEY BRANCHESSY	□Chairman	Name:			
□Vice Chairman	Address: SODE LAS OLAS	□Vice Chairman	Address:			
Director	ApT 1701	□Director				
resident	Foot Lavagorui Ci	□President				
□Vice President	39301	□Vice President		<u> </u>		
Execretary	□Treasurer	☐ Secretary		□Treasurer		
□Other	Other	Other		□Other		
□Chairman	Name:	□Chairman	Name:			
⊡Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director		5 0 2		
□President		□President		EC 20		
□Vice President		□Vice President		PSE 00		
□Secretary	□Treasurer	□ Secretary		Freasure		
□Other	Other	□Other		Eofher ω		
⊡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 field filling your Florida Department of State Annual Report form. 12. Signature of Diffice.						
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 of 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. CHANIFY PARADSON						
13	/ CHAUNIFU KA	MARDSON				

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

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that

ONE GLOBAL INDEX CONSULTING L.L.C., a Wyoming Limited Liability Company

Converted to

One Global Index Consulting, a Wyoming Profit Corporation

On April 9, 2018

I FURTHER CERTIFY that said entity is in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution. This entity has been assigned entity identification number 2017-000752662.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenné, Wyoming on this 31st day of March, 2020 at 9:38 PM. This certificate is assigned ID Number 035616018.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.