F20000003023

| (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: 7/7 Peceived Corrected APP + Certificate LDC |
| N.Z |
| W2-67381 |

Office Use Only



300346774573



COVER LETTER

| _ | stration Section ion of Corporations | | | | |
|--|---|-----------------|---|--|--|
| SUBJECT: | Master Butler Service Corp | | | | |
| BCBGECT. | | corporation - | must include suffix | · · · · · · · · · · · · · · · · · · · | |
| Dear Sir or M | ladam: | | | | |
| "Certificate o | "Application by Foreign Corp f Existence," or "Certificate of iced foreign corporation to tran | Good Standi | ng" and check are submitte | | |
| Please return | all correspondence concerning | this matter to | o the following: | | |
| | · · · · · · · · · · · · · · · · · · · | Name of Po | erson | | |
| Gulf Beach Ve | entures LLC | | | | |
| | | Firm/Compa | any | | |
| 1116 Polk Ave | : | | | | |
| | | Address | 3 | | |
| Pensacola FL : | 32507 | | | | |
| | (| City/State and | l Zip code | | |
| smcdaniels83@ | gmail.com | | | | |
| | E-mail address: (| to be used for | future annual report notifi | cation), N | |
| For further in | formation concerning this mat | ter, please cal | 1: | | |
| Stanley McDa | niels at | (850 |) 261-2742 Daytime Telephone | Number, P | |
| Nam | e 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: 55 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | |
| | check for the following amount neck payable to: FLORIDA DEP ing Fee \$78.75 Filing I Certificate of \$1.00 for the first content of \$1.00 for the following amount neck payable to: FLORIDA DEP in the first content of \$1.00 for the following amount neck payable to: FLORIDA DEP in the first content of \$1.00 for th | ARTMENT C | | \$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.

| Master Butler S | | | | |
|--|---|---------------------------------------|---------------------------|--|
| (Enter name of e "Inc.," "Co.," "C | corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.") |)," "COMPANY," "CORPORATI | ом," | |
| (If name unavail | able in Florida, enter alternate corporate name | e adopted for the purpose of transac | ting business in Florida) | |
| Nevada | ry under the law of which it is incorporated) | 85-1539936 | | |
| (State or country under the law of which it is incorporated) | | (FEI number, if applicable) | | |
| 3/12/2020 4. | 5. | | | |
| (Date | : of incorporation) 5 | (Date of duration, if other | er than perpetual) | |
| 6 | | | | |
| | (Date first transacted business (SEE SECTIONS 607.1501 & 607.1 | in Florida, if prior to registration) | oility) | |
| _ 1116 Polk Ave. | \wedge | 1002, 1 is, to determine person, the | , | |
| 7 | • | fice street address) | | |
| | • | | | |
| | (Current mail | ing address, if different) | | |
| | | | e ; 20 € ; | |
| 8. Name and stre | eet address of Florida registered agent: (P. | O. Box NOT acceptable) | | |
| Name: | Stanley McDaniels | | | |
| OS - Address | 1116 Polk Ave | | · . ;Ti | |
| Office Address: | Pensacola | 32507 | | |
| | (City) | , Florida (Zip code) | 8 43 | |
| | (,) | ζ · t. · · γ | ٠ ω | |

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.

| □Chairman | Name: Stanley McDaniels | ≅ Chai m nan | Name: |
|-----------------|-------------------------|--------------------------------|----------------------------|
| □Vice Chairman | Address: | □Vice Chairman | Address: 3985 Brentwood Ln |
| Director | Pensacola FL 32507 | □Director | Cantonment FL 32533 |
| President | | President | |
| □Vice President | | □Vice President | |
| □Secretary | □Treasurer | ☐ Secretary | □Treasurer |
| Other | □ Other | Other | Other |
| ⊐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 | DOther_ |
| ⊐Chairman | Name: | □Chairman | Name: |
| ∃Vice Chairman | Address: | □Vice Chairman | Address: 60 |
| Director | | Director | <u></u> |
|]President | | □President | |
| □Vice President | | □Vice President | |
| □Secretary | □Treasurer | □Secretary | □Treasurer |
| 704 | Other | □Other | |

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.

Stanley V. McDaniels

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Master Butler Service Corp**, as a DOMESTIC CLOSE CORPORATION (78A) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/12/2020, and is in good standing in this state.

I further certify that the above DOMESTIC CLOSE CORPORATION (78A) has its formation document and no amendments on file in this office as of the date of this certificate.

Certificate Number: B20200707907160

You may verify this certificate online at http://www.nvsos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/07/2020.

Barbara K. Cegavske
Barbara K. CEGAVSKE
Secretary of State



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 30, 2020

GULF BEACH VENTURES LLC 1116 POLK AVENUE PENSACOLA, FL 32507 US

SUBJECT: MASTER BUTLER SERVICE CORP

Ref. Number: W20000067381

We have received your document for MASTER BUTLER SERVICE CORP and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Letter Number: 220A00012884

Laura D Chang Regulatory Specialist II

7/1/20 Received Certificate