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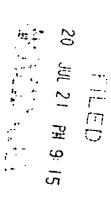
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Special Instructions to	Filing Officer:	
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Office Use Only



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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com 850-245-**6**051 FROM Mel

Melissa Stops mstops@incserv.com 850.656.7953

REQUEST DATE 7/21/2020

PRIORITY Routine

OUR REF # (Order ID#) 841553

ORDER ENTITY
GAM SERVICES USA INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

GAM SERVICES USA INC. (FL)

File the attached foreign qualification document and provide a certified copy as evidence.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: jim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, July 21, 2020 Page 1 of 1

-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.

	orp," "Inc," "Co," or "Corp.")	·			
					_
	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in P	lorida)	
2. New York	3. gy under the law of which it is incorporated)				_
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)			
4. <u>01/25/2012</u>	5.				_
(Date of incorporation)		(Date of duration, if other than perpetual)			
6					_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		<i>(</i>)		
7. 1040 Biscayne	Blvd Unit # 1504 Miami, FL 33132				
-	(Principal offic	c <u>street</u> uddress)			-
	(Current mailing	address, if different)			
8. Name and stre	et address of Florida registered avent: (P.O.	Box NOT accentable)			
	et address of Florida registered agent: (P.O. Greg Migliaccio	Box NOT acceptable)			
Name:	Greg Migliaccio	_	i n ,Ç*	20	
Name:	Greg Migliaccio	_	Reg 💭	ال 20	
Name:	Greg Migliaccio	_	Per Control of the Co	20 JUL 21	; ; ;
Name: Office Address:	Greg Migliaccio		Her Co	20 JUL 21 PM	: :1.50
Name: Office Address: 9. Registered ag Having been nan designated in this further agree to d	Greg Migliaccio 1040 Biscayne Blvd., Uni Miami (City)	t. 1504 , Florida <u>33132</u> (Zip code) e of process for the above stated ent as registered agent and agree lative to the proper and complete	corporation to act in the	是 at the is capa	place city. I

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]:

A. DIRECTORS Greg Migliaccio □ Chairman Name: _____ □ Chairman 1040 Biscayne Bivd, Unit 1504 ☐ Vice Chairman Address: ☐ Vice Chairman Address: Miami, FL 33132 □Director Director President □ President ☐ Vice President □ Vice President ☐Treasurer ☐Treasurer □ Secretary □ Secretary Other _____ □Other _____ □Other _____ □ Other _____ Name: _____ Name: Greq Migliaccio □ Chairman ☐ Chairman ☐Vice Chairman Address: Dvice Chairman Address: 1040 Biscayne Blvd. Unit 1504, Miami, FL 33131 Director □Director □President □ President ☐ Vice President □ Vice President Treasurer ☐ Treasurer ☐ Secretary ☐ Secretary □Other _____ Other □Other _____ Other _____ Name: _____ Name: □ Chairman ☐ Chairman ☐ Vice Chairman Address: _____ □ Vice Chairman Address: □ Director ☐Director 9 ☐ President □President □Vice President ☐ Vice President __ □ Treasurer ☐ Secretary □Treasurer ☐ Secretary □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 when filing your Florida Department of State Annual Report form. Erry // Minis Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) aftirms 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. Greg Migliaccio

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GAM SERVICES USA INC. was filed on 01/25/2012, under the name of G.A.M. EXTERMINATING A JANITORIAL PEST MANAGEMENT SERVICES INC., 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.

A Certificate of Amendment G.A.M. EXTERMINATING & JANITORIAL PEST MANAGEMENT SERVICES INC., changing its name to GAM SERVICES USA INC., was filed 11/03/2017.



Witness my hand and the official seal of the Department of State at the City of Albany, this 17th day of July two thousand and twenty.

Brendan C. Hughes

Executive Deputy Secretary of State

Braden C. Hylen

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