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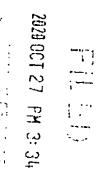
(Re	questor's Name)	·		
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

Division of Corporations	
SUBJECT: Green T Management Services Inc	
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact bu	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
Joseph Khouri	262
Name	e of Person
% Highview Tax And Accounting, LLC	e of Person
Firm/C	Company
1600 Mountain St	
A	ddress
Aurora, Il 60505	
City/Sta	ite and Zip code
Joe@joekhouri.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ise call:
Joseph Khouri 630	901-3243
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 DEPARTMI \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	ENT OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy 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.

Green T Manag	ement Services Inc			
	orporation; must include "INCORPORATE orp." "Inc." "Co," or "Corp.")	ΞD,	" "COMPANY," "CORPORATIO	N."
GT Mgt Service	es Inc			
(If name unavail	able in Florida, enter alternate corporate nar	me	adopted for the purpose of transaction	ng business in Florida)
2. Illinois		3	85-2819370	
(State or countr	y under the law of which it is incorporated)		(FEI number, if applicable)	
4. 09/01/2020		5.	Perpetual	
(Date	of incorporation)			than perpetual)
6. 09/10/2020				
7. ¹⁶⁰⁰ Mountain S	(SEE SECTIONS 607.1501 & 607		n Florida, if prior to registration) 502, F.S., to determine penalty liabil	ity)
		off	ce street address)	900
Same				~ · · · ·
	(Current ma	ilir	ng address, if different)	-
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (Registered Agents Inc.	P.C	D. Box <u>NOT</u> acceptable)	PH 3: 35
Office Address:	7901 4th St N STE 300			
	St. Petersburg		. Florida 33702	
	(City)		(Zip code)	

9. Registered agent's acceptance:

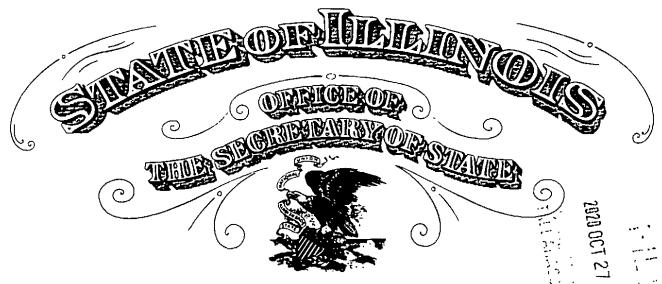
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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 Agents Inc.
Bill Havre - Assistant Secretary

(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							
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: 2848 Reserve Ct	□Vice Chairman	Address:				
□Director	Aurora, Il 60502	□Director					
President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	□Secretary	□Treasurer				
□Other		□Other	Other				
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Y				
□Director		□Director					
□President		□President	22				
□Vice President		□Vice President	FO W				
☐ Secretary	□Treasurer	□Secretary	ြုံreasurez				
□Other	□Other	□Other	7				
□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 when filing your Florida Department of State Annual Report form.							
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.							



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

GREEN T MANAGEMENT SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 01, 2020, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of OCTOBER A.D. 2020.

Authentication #: 2029302076 verifiable until 10/19/2021
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE