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(Re	equestor's Name)			
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## **COVER LETTER**

10;	Division of Corporation	ns		
SUBJ	ECT:	3GSS HOLDING	S (USA) INC	
		Name of corporation -	must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by F ficate of Existence," or "C referenced foreign corpo	Certificate of Good Stand	ing" and check are subm	
Please	return all correspondence	concerning this matter t	o the following:	
		MANUEL G	OMEZ	
		Name of P	erson	
		3GSS HOLDINGS	(USA) INC	
		Firm/Comp	any	
		8302 LAUREL FAIR CE	RCLE, SUITE 100	
		Addres	SS	
		TAMPA, FL. (	33610	
		City/State an	d Zip code	
		mgomez@3gmetal		
	E-ma	iil address: (to be used fo	r future annual report no	itification)
For fu	rther information concerr	ing this matter, please ca	II:	ه. خ
	MANUEL GOMEZ	289 at (	845-3502	
	Name of Person	Area Code	Daytime Telepho	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction	
Please	<del>-</del>	ORIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	\$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.

(If name unavailat	le in Florida, enter alternate corporate name adop	ted for the purpose of transacting busing	ness in Florida)
DEL	WARE	77 1709/77	
(State or country	under the law of which it is incorporated)	(FEI number, if applicabl	e)
OCTOB1	R 28, 2015	N/A	
(Date of incorporation)		(Date of duration, if other than perpetual)	
?	WA.		
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.		
	8302 LAUREL FAIR CIRCLE, SUI'	TE 100, TAMPA, FL 33610	
	(Principal office st	reet address)	
	(Current mailing ad-	dress, if different)	
	(Current mailing ad address of Florida registered agent: (P.O. Bo MANUEL GOMEZ		1.15.6
Name:	address of Florida registered agent: (P.O. Bo		51 13c.l
Name:	address of Florida registered agent: (P.O. Bo MANUEL GOMEZ 8302 LAUREL FAIR CIRCLE, SUITE 100	ox <u>NOT</u> acceptable)	1 5 1
	address of Florida registered agent: (P.O. Bo MANUEL GOMEZ 8302 LAUREL FAIR CIRCLE, SUITE 100		5 181. 348d

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: MANUEL GOMEZ	□Chairman	Name:	<del>.</del>
□Vice Chairman	Address: 8302 FAIR LAUREL CIRCLE	⊖Vice Chairman	Address:	
□Director	SUITE 100	Director		
<b>≅</b> President	TAMPA, FL 33610	<b>D</b> President		
□Vice President		□Vice President		
☐Secretary	□Treasurer	☐ Secretary		□ Freasurer
□Other	Other	□Other		COther
□Chainnan	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		
□President		□President		
		□Vice President		
☐ Secretary	□ Treasurer	□ Secretary		### ##################################
		□Other		
□Chairman	Name;	□ Chuirman	Name:	
	Address:	⊞Vice Chairman		783
Director		Director		.3
□President		E.President		<u></u>
□Vice President		□Vice President		7
☐ Secretary	T)Treasurer	Fi Secretory		T.Treasurer 22
COther	(*Other	[]Other		Other
individuals may be	Use an attachment to report more than six tor. The ale added to the index when filing your forida Depart	ittuchment will be image unent of State Annual Ro	d for reporting eport form.	purposes only, Non-indexed
1	Signature of Direct	or or Officer		
she is aware that it s.817,155, F.S.	etor signing this document (and who is listed in nun- lase information submitted in a document to the Dep ANUEL GOMEZ (PRESIDENT)	aber 11 above) affirms the partment of State constitu	nat the facts stat ites a third degr	ed herein are true and that he or ee felony as provided for in

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "3GSS HOLDINGS (USA) INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF OCTOBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "3GSS HOLDINGS (USA) INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF OCTOBER,

A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE
BEEN PAID TO DATE.



Authentication: 203953152

Date: 10-27-20

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SR# 20208057045