F20000005155

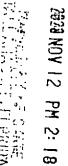
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:]
		{
		

Office Use Only



500354997195

11/12/20--01928--006 **70.00



NOV 12 DM 2.

US 11/17/20

COVER LETTER

10.	Division of Corpo					
SUBJ	FCT·	то	PIC GLOBAI	. SYSTEMS INC.		
0000		Name of	corporation	- must include suffix		
Dear S	ir or Madam:					
"Certif		or "Certificate of	f Good Stanc	Authorization to Transact B ling" and check are submit is in Florida.		
Please	return all correspon	dence concerning	g this matter	to the following:		
		Ή	TRACIE BLO	СК		
			Name of I	erson	1 11 11 11	
			Firm/Comp	oany	YO.	:
			717 PERSIA	N DR		
			Addre	ss	1 1 - T	· · · · · ·
		H	MINES CITY.	FL 33844	7	
			City/State an	d Zip code	国5 6	_
			ptracieblock@			
		E-mail address: (to be used for	or future annual report noti	fication)	
For fu	ther information co	ncerning this mat	ter, please ca	ill:		
	TRACIE BLOCK	ai	616	260-4969		
	Name of Person		Area Code	Daytime Telephon	e 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			
Please	sed is a check for the make check payable to 0.00 Filing Fee [ARTMENT		□ \$87.50 Filir Certificate Certified C	of Status

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.

1.	TOPIC GLOBA	L SYSTEMS INC.						
	1	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D,	" "COMPANY," "CORPORATIO	N,"			
	(If name unavail:	able in Florida, enter alternate corporate nan	ne	adopted for the purpose of transacti	ng busines	s in Flo	rida)	
2.	COLORADO		3.	85-3816453				
	(State or country under the law of which it is incorporated)			(FEI number, if applicable)				
4.	4 03/18/2019			PERPETUAL				
	(Date of incorporation) 5			(Date of duration, if other than perpetual)				
6.	·							
			7.1:	i Florida, if prior to registration) 502, F.S., to determine penalty liabi ES CITY, FL 33844	ity)-	VON BEBE	,, · ·	
7.				fice street address)		12 PM		
٥	No.	·		ng address, if different)	NGUIG T	PM 2: 18	, , , , , , , , , , , , , , , , ,	
₽.	Name and street	et address of Florida registered agent: (I	Γ.	J. Box <u>NOT</u> acceptable)				
	Name:	TRACIE BLOCK						
0	ffice Address:	717 PERSIAN DR						
		HAINES CITY		. Florida 33844				
		(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. further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dut 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 the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdicti under the law of which it is incorporated.

A. DIRECTORS TRACIE BLOCK Name: ______ □ Chairman Name: □ Chairman 717 PERSIAN DR Address: ☐ Vice Chairman □ Vice Chairman Address: HAINES CITY, FL 33844 **■** Director □ Director □President President ☐ Vice President ☐ Vice President ☐ Treasurer □ Secretary □ Secretary Treasurer Other____ Other _____ □Other _____ □Other _____ □ Chairman □ Chairman Name: Name: ______ □Vice Chairman Address; _____ ☐ Vice Chairman Address: □ Director □ Director ☐ President ☐ President □Vice President ☐ Vice President □Treasurer ☐ Secretary ☐ Secretary □Other _____ □Other _____ Name: □ Chairman Name: ______ ☐ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: ☐ Director □ Director ☐ President □|President □Vice President _____ ☐ Vice President □ Secretary ☐ Treasurer □ Secretary ☐Treasurer □Other _____ ☐Other _____ Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-inde: 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 the she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for s.817.155, F.S. TRACIE BLOCK **PRESIDENT**

(Timul or printed name and conscituted names cioning application)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

1, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

TOPIC GLOBAL SYSTEMS INC.

is a

Corporation

formed or registered on 03/18/2019—under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191230727.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/06/2020 that have been posted, and by documents delivered to this office electronically through 11/09/2020 @ 14:03:05

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/09/2020 @ 14:03:05 in accordance with applicable law. This certificate is assigned Confirmation Number 12715932



Secretary of State of the State of Colorado

***********End of Certificate**

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/bi=/Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."