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SECRETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GPI Enterprises Inc			
Name	of corporation -	must include suffix	
Dear Sir or Madam:			
	e of Good Stand	authorization to Transact Business in Floting" and check are submitted to register to sin Florida.	
Please return all correspondence concerr	ing this matter t	o the following:	
Michelle A. Murillo			_
	Name of P	erson	2 172
GPI Enterprises Inc.		A W	
	Firm/Comp	pany	2
3637 Medina Road Suite 60		1.50 1.70 1.00	P 1
	Addres	ss ino	
Medina, Ohio 44256		A P	2: 29
	City/State an	d Zip code	
michelle.murillo@e-gpi.com			
E-mail addres	ss: (to be used fo	r future annual report notification)	
For further information concerning this i	natter, please ca	11:	
Michelle A. Murillo	at (461-1496	
Name of Person	Area Code		-
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following am Please make check payable to: FLORIDA E \$70.00 Filing Fee \$78.75 Fili Certificate	DEPARTMENT (ing Fee &	OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy Certified Co	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.

(Enter name of c	orporation; must include "INCORPORATED," "	COMPANY," "CORPORAT	ION,"	
"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")			
GPI Enterprises	Florida Inc.			
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transaction	cting business in Florida)	
Ohio, USA	y under the law of which it is incorporated) 3.	972456666		
(State or countr	y under the law of which it is incorporated)	(FEI number, it	f applicable)	
10/01/2001	5.			
(Date	of incorporation) 5.	(Date of duration, if oth	(Date of duration, if other than perpetual)	
1/8/2021				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502.		bility)	
3637 Medina Roa	d Suite 60, Medina, Ohio 44256			
	(Principal office	street address)	2021 J.	
(Current mailing address, if different)		27		
Name and street	et address of Florida registered agent: (P.O. E	Box NOT acceptable)		
Name:	Registered Agents Inc.		D 1 2: 29 STATE E. FL	
ffice Address:	7901 4th St N. Ste 300		7E	
	St. Petersburg	, Florida 33702		
	(City)	(Zip code)		
	ent's acceptance; ned as registered agent and to accept service of application, I hereby accept the appointmen			

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: Christopher Murillo Name: Chairman Name: _ ☐ Chairman 2036 Woodshire Lane Address: □Vice Chairman Address: ☐ Vice Chairman Medina Ohio 44256 Director □ Director □ President **■** President ☐Vice President ☐ Vice President ☐ Treasurer □ Secretary ☐ Treasurer ☐ Secretary Other _____ □Other _____ □Other _____ Other _____ Michelle Murillo □ Chairman Name: □ Chairman Name: 2036 Woodshire Lane □Vice Chairman Address: □ Vice Chairman Address: Medina Ohio 44256 Director □ Director □President □President □Vice President □Vice President Treasurer ☐ Secretary ■ Secretary Controller □Other ¯ Other ____ Other ____ Name: □ Chairman Chairman Name: □Vice Chairman □Vice Chairman Address: 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-indexe 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 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. Christopher Murillo

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

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GPI ENTERPRISES INC., an Ohio corporation, Charter No. 1256737, having its principal location in Medina, County of Medina, was incorporated on October 1, 2001 and is currently in GOOD STANDING upon the records of this office.

FILED

2021 JAN 27 PH 2: 29

SECRETAIN OF STATE
FAIL AND ASSESSED FOR



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 13th day of January, A.D. 2021.

Ohio Secretary of State

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Validation Number: 202101303726