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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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T. L. P. S. L. K.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L2G4 Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Anthony Morales

_____	Name of Person
MyUSACorporation.com	
_____	Firm/Company
1 Radisson Plaza, Suite 800	
_____	Address
New Rochelle, New York, 10801	
_____	City/State and Zip code
info@myusacorporation.com	
_____	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Morales	877	330-2677
_____	at (_____)	_____
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 DEPARTMENT OF STATE**

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
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**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. L2G4 Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. COLORADO 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/11/2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5 Murray Road C2, Edwards, CO 81632
(Principal office street address)

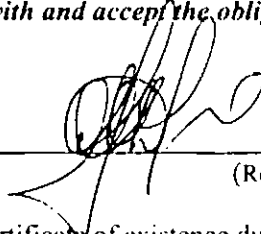
PO Box 2404, Edwards, CO 81632
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Incorp Services, Inc
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(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 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐Chairman Name: LARRY GOFF
☐Vice Chairman Address: 5 Murray Road C2,
☐Director Edwards, CO 81632
☒President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: ELIZABETH GOFF
☐Vice Chairman Address: 5 Murray Road C2,
☐Director Edwards, CO 81632
☐President _____
☒Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: LARRY GOFF
☐Vice Chairman Address: 5 Murray Road C2,
☐Director Edwards, CO 81632
☐President _____
☐Vice President _____
☐Secretary ☒Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: ELIZABETH GOFF
☐Vice Chairman Address: 5 Murray Road C2,
☐Director Edwards, CO 81632
☐President _____
☐Vice President _____
☒Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐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.

12. _____
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.

13. Larry Goff, President
(Typed or printed name and capacity of person signing application)

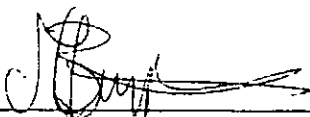
**SPECIAL AND REVOCABLE
LIMITED POWER OF ATTORNEY**

TO ALL PERSONS, be it known, that INCORP SERVICES, INC., a Nevada corporation ("Grantor"), does hereby make and grant a limited and specific power of attorney to Fred Migel and appoint and constitute said individual as its attorney-in-fact ("Attorney-in-Fact"). This Special and Revocable Limited Power of Attorney hereby revokes any and all former powers of attorney given by Grantor to Attorney-in-Fact.

Attorney-in-Fact shall have the limited power and authority to undertake, commit and perform only the following acts on Grantor's behalf to the same extent as if Grantor had done so personally, all with full power of substitution and revocation in the presence:

Authority to accept appointment as registered agent on behalf of Grantor, for entities which MyUSACorporation.com, a Wyoming corporation, has purchased resident agent service on or through their account with Grantor. After each exercise of such authority, Attorney-in-Fact shall notify Grantor of the same.

TERMINATION: Unless sooner revoked or terminated by Grantor, this Special and Revocable Limited Power of Attorney shall become NULL and VOID from and after December 31, 2020.

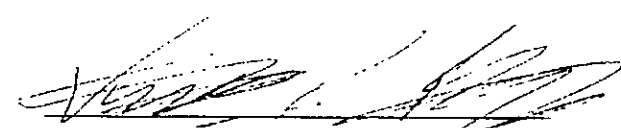


Louise Breytenbach, Chief Operating Officer

Dated: April 10, 2020

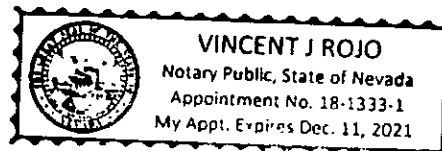
STATE OF NEVADA)
) ss
COUNT OF CLARK)

This Special and Revocable Limited Power of Attorney was acknowledged before me on April 10, 2020, by Louise Breytenbach, as Chief Operating Officer of InCorp Services, Inc., a Nevada corporation.



Notary Public in the State of Nevada

My Commission Expires: 12/11/2021



OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

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

L2G4 Inc.

is a

Corporation

formed or registered on 06/11/2020 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 20201511540 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/22/2021 that have been posted, and by documents delivered to this office electronically through 01/26/2021 @ 08:05:26 .

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 01/26/2021 @ 08:05:26 in accordance with applicable law. This certificate is assigned Confirmation Number 12886008 .



Jena Griswold

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/biz/CertificateSearchCriteria.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."