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(Re	equestor's Name)				
(Address)					
(Ac	idress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate:	s of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Gold Data USA Inc.	
	oration - must include suffix
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida." In Standing and check are submitted to register the business in Florida.
Please return all correspondence concerning this	matter to the following:
Rafael Vanegas	
N	me of Person
Gold Data USA Inc.	
Fü	n/Company
14093 NW 8th St	
	Address
Sunrise, Florida 33325	
City	State and Zip code
RAFAEL.VANEGAS@GOLDDATA.NET	
E-mail address: (to b	used for future annual report notification)
For further information concerning this matter,	lease call:
Rafael Vanegas 78	5015352
	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 DEPAR \$70.00 Filing Fee Certificate of State	8 \$78.75 Filing Fee & □ \$87.50 Filing Fee.



February 4, 2021

Florida Department of State

TO WHOM IT MAY CONCERN:

This letter is to confirm that Gold Data USA Inc. has no intention in reinstate the company as domestic since it's a Delaware company.

If you have any questions, please contact our office at 786- 475- 1965.

Sincerely,

Rafael Vanegas

CFO



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATIO	N
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida
Delaware	3	82-5183444	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
04/11/2018	5	Perpetual	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
06/01/2018			
14093 KW 61113	ST, SUNRISE FLORIDA 33325 (Principal off	ce <u>street</u> address)	
	(Current mailir	ig address, if different)	
Name and street	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	- 2
Name:	Betzabeth Toledo		Ð
Tice Address:	14093 NW 8TH ST		Feb. 16
	Sunrise FLORIDA	33325	
	Suintse FEORIDA	Florida	r,ə

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.

DIRECTORS Chairman	Name: Hallon New Marketter 14199 NW 8TH. Address: Hallon New Marketter 14199 NW 8TH.	□Chairman □Vice Chairman	Name: Rafaet Vanegas Name: 14093 NW 8TH,
Director	SUNRISE FL 33325	□Director	SUNRISE FL 33325
President		□President	
Vice President		□Vice President	
Secretary	□Treasurer	Secretary	Treasurer
Other	Other	□Other	Other
lChairman	Name:	□Chairman	Name:
JVice Chairman	Address:	□Vice Chairman	Address:
1Director		□Director	
]President		□President	
IVice President		□Vice President	
∃Secretary	□Treasurer	□Secretary	□Treasurer
Other	Other	□Other	Other
□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
ndividuals may be 12. The officer or direct	Use an attachment to report more than six (6). The added to the index when filing your Florida Department (Signature of Director signing this document (and who is listed in number information submitted in a document to the Department).	rtment of State Annual Retor or Officer mber 11 above) affirms th	at the facts stated herein are true and that he or
13. Traidel Valle			

(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 "GOLD DATA 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 TENTH DAY OF FEBRUARY, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOLD DATA USA INC" WAS INCORPORATED ON THE ELEVENTH DAY OF APRIL, A.D. 2018.

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

Authentication: 202482248

Date: 02-10-21