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(Re	equestor's Name)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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200 July

COVER LETTER

TO: Registration Section Division of Corporation	ns		
SUBJECT: Global Consulting			
	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corporate	Certificate of Good Sta	inding" and check are sul	ect Business in Florida," omitted to register the
Please return all correspondence	concerning this matte	er to the following:	
Daniel Rudoy, Esq.		C	
······································	Name of	f Person	
AR Law Group PLLC			
	Firm/Co	mpany	
17501 Biscayne Blvd., Suite 420		, ,	~ 1
	Add	ress	
Aventura, Florida 33160			
	City/State :	and Zip code	
daniel@arlawgroupfl.com			-
E-ma	il address: (to be used	for future annual report i	notification)
For further information concern	ng this matter, please	call:	
Daniel Rudoy	305	932-8231	
Name of Person	Area Coo		hone 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	
	RIDA DEPARTMENT	「OF STATE □ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

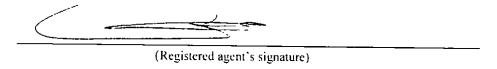
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

ı.	Global Consulting Alliance, Inc.					
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc.," "Co.," "Corp,")					
	Global Consult	ing Alliance Florida, InC.				
	(If name unavai	lable in Florida, enter alternate corporate name ado	pted for the purpose of transacting business in Florida)			
2.	Dolowaro					
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)			
4.	03/20/2018	5				
	(Date of incorporation) 5.		(Date of duration, if other than perpetual)			
6.	01/01/2021					
7.	250 Sunny Isles	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Blvd., 3-TS4, Sunny Isles Beach, Florida 33160 (Principal office)	F.S., to determine penalty liability)			
		(Current mailing a	ddress, if different)			
8.	Name and street	et address of Florida registered agent: (P.O. E	ox <u>NOT</u> acceptable)			
	Name:	Dmitry Nadeev	_			
Oi	ffice Address:	250 Sunny Isles Blvd., 3-TS4	- -			
		Sunny Isles Beach	, Florida			
		(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.



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 **Dmitry Nadeev** □ Chairman Name: _____ □Chairman ☐ Vice Chairman Address: __ □ Vice Chairman Address: 250 Sunny Isles Blvd., 3-TS4 ■ Director □Director Sunny Isles Beach, Florida 33160 □President □President □Vice President □ Vice President □ Secretary ☐Treasurer □ Secretary ☐ Treasurer □Other ____ □Other _____ □Other _____ \Box Chairman Name: _____ □ Chairman □Vice Chairman Address: ______ ☐ Vice Chairman Address: □ Director □ Director □President □ President □Vice 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 _____ 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. 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.

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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GLOBAL CONSULTING ALLIANCE 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 MARCH, 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 "GLOBAL CONSULTING ALLIANCE INC." WAS INCORPORATED ON THE TWENTIETH DAY OF MARCH, A.D. 2018.

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

Authentication: 202695455

Date: 03-10-21



January 27, 2021

DANIEL RUDOY 17501 BISCAYNE BLVD STE 420 AVENTURA, FL 33160 US

SUBJECT: GLOBAL CONSULTING ALLIANCE, INC.

Ref. Number: W21000008599

We have received your document for GLOBAL CONSULTING ALLIANCE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 021A00001954

RECEIVET MAR 1 7 2021