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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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				Foreign Corp. File
				L.C. File
				Fictitious Name File
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				Dissolution / Withdrawal
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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.

(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transactin	g business in Florida)	
Delaware	3			
02/09/2021		(FEI number, if applicable)		
·(Date	e of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)	
Upon Filing	e of meosporation)	(Date of dutation, it office	man perpendan	
	LOCAY LN, UNIT 215, NAPA, CA 94559 (Principal	office address)		
	(Current mailing	address, if different)	.· 20	
. Name and stre	ret address of Florida registered agent: (P.O. Veorp Services, LLC	Box NOT acceptable)	2021 APR -8	
Name:	veorp services, EEC		-88	
Office Address:	5011 South State Road 7, Suite 106			
	Davie		АН 10: 20	
	(City)	(Zip code)	0	
laving been nai esignated in thi	gent's acceptance: ned as registered agent and to accept service is application, I hereby accept the appointme comply with the provisions of all statutes red familiar with and accept the obligations of t	ent as registered agent and agr lative to the proper and compl	ree to act in this capacity ete performance of my	

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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: Borys Dus Director: \_ 773 VISTA TULOCAY LN, UNIT 215, NAPA, CA 94559 Address: \_\_\_\_\_ Address: **B. OFFICERS** Borys Dus President: 773 VISTA TULOCAY LN, UNIT 215, NAPA, CA 94559 Address: Vice President: Address: Secretary: \_\_\_\_ \_\_ \_\_\_ Address: \_\_\_\_\_ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Borys Dus, President **Borys Dus** 13.



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

DELAWARE, DO HEREBY CERTIFY "GAINY, 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 FIRST DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GAINY, INC." WAS INCORPORATED ON THE NINTH DAY OF FEBRUARY, A.D. 2021.

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



Authentication: 202877975

Date: 04-01-21

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