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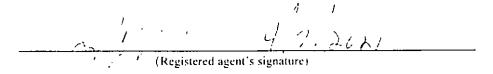
TO:	Registration Section Division of Corporations				
SUBJE	CCT: Gingerquill Inc				
5055	Name of corpor	ration - must	include suffix		
Dear Si	r or Madam:				
"Certification above re	closed "Application by Foreign Corporatio cate of Existence," or "Certificate of Good eferenced foreign corporation to transact between all correspondence concerning this necession.	l Standing" a usiness in Fl	nd check are sub orida.		
					
My Corr	Nan poration Business Services, Inc	ne of Person		<i>ा</i> - 45म	2021
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26025 N	Jureau Rd., Ste. 120	/Company			2021 PR 12
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	City/S	tate and Zip	code		1 0
processi	ng@mycorporation.com			ι	· (;
	E-mail address: (to be t	ised for futui	re annual report r	notification)	· - ·
For furtl	her information concerning this matter, ple	ease call:			
Processi	ng Department at (877	692	-6772		
		Code	Daytime Telep	hone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
Please m	d is a check for the following amount: ake check payable to: FLORIDA DEPARTN 00 Filing Fee \$\square\$ Certificate of Status	\$78.7	ATE 5 Filing Fee & ied Copy	□ \$87.50 Filing Certificate of Certified Co	f 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.

١.	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"					
	"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp,")				
	(If name unavaila	able in Florida, enter alternate corporate n	ame adop	oted for the purpose of transacting but	siness in Florida)	-
2.	Ohio		3.			
	(State or country	y under the law of which it is incorporated	J)	(FEI number, if applica	hle)	-
4.	04/03/2006		5.			
	(Date of incorporation) 5. (Date of duration, if other than			perpetual)	-	
6.						
,,,				orida, if prior to registration)	: 22	-
	13 959 6		07.1502.	F.S., to determine penalty liability)	20211	
7.	12 Willow Grove	PL, Palm Coast, FL 32164			<u> </u>	1 1 1 1
		(Principa	l office <u>s</u>	treet address)	APR 12	•
		(Current o	nailina az	dress, if different)		911
		(Carea a	iaiting ac	diess, it differency	mo N	
R	Name and stree	t address of Florida registered agent:	(Р.О. В	ox NOT acceptable)	PM 2: 06	
٠,,		Jeffry Caudill	11 1471 17	<u>,</u>	7 (6)	
	Name:			_		
O:	ffice Address:	12 Willow Grove Pl		_		
		Palm Coast		. Florida 32164		
		(City)		Zip code)		
	Danistanal ass	ent'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					
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Palm Coast, FL 32164	□Director			
President		□President			
□Vice President		□Vice President			
□ Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	□Other	□Other	□Other		
□Chairman	Name:Address:	□Chairman □ Vice Chairman	Name:Address:		
Director		□Director	Address:		
□President		□President	70 70		
□Vice President		□Vice President	2 R 17		
☐ Secretary	□Treasurer	Secretary	Digitalia is		
□Other		□Other	Others 6		
	Name:Address:	□Chairman □Vice Chairman	Name: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. 12.					

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 GINGERQUILL INC., an Ohio corporation, Charter No. 1613136, having its principal location in Cincinnati, County of Hamilton, was incorporated on April 3, 2006 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 8th day of April, A.D. 2021.

L John

Ohio Secretary of State

Validation Number: 202109804774