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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT: GIANTOLE I	NC.				
		Name of corporat	ion - must ir	iclude suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence." c	by Foreign Corporation or "Certificate of Good S rporation to transact bus	tanding" and	d check are sub		
Please	return all correspond	ence concerning this ma	tter to the fo	llowing:		
TERE	SA B FLORES				<u> </u>	
		Name	of Person			
J&W A	ACCOUNTING					
	·	Firm/C	Company			
39-18	63RD STREET					
		Ac	ldress		·	
WOOI	OSIDE, NY 11377					
		City/Stat	e and Zip co	ode		
VELK	AST@GMAIL.COM					
	l:	-mail address: (to be us	ed for future	annual report n	otification)	
For fu	rther information con-	erning this matter, plea	se call:			
TERE	SA B FLORES	at (<u>347</u>				
	Name of Person	Area (lode	Daytime Telepl	none Number	
	STREET/COURIE Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 32	tions hassee reet, Suite 810		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
Please	•	FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78.75	TE Filing Fee & ed 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.

1. GIANTOLE IN	SC.			
(Enter name of	corporation: must include "INCORPORATED," = "orp," "Inc," "Co," or "Corp,")	COMPANY," "CORPORATION,"		
GIANTOLE E	NTERPRISES INC.			
(If name unavai	lable in Florida, enter alternate corporate name ado	opted for the purpose of transacting business in Florida)		
2. NEW YORK	3. 4	7-2725948		
(State or count	$\frac{3 45}{\text{ry under the law of which it is incorporated}}$	(FEI number, if applicable)		
4. 01/08/2015	5			
(Dat	e of incorporation)	(Date of duration, if other than perpetual)		
6.				
·	(Date first transacted business in F			
	(SEE SECTIONS 607.1501 & 607.1502	, F.S., to determine penalty liability)		
7, 27-42 COACOC	OCHEE STREET, APT # 2 MIAMI, FLORIDA 33	133		
	(Principal office	street address)		
27-42 COACOC	OCHEE STREET, APT # 2 MIAMI, FLORIDA 33	133		
***************************************	(Current mailing a	ddress, if different)		
8. Name and stre	et address of Florida registered agent: (P.O. I	Box NOT acceptable)		
Name:	CARLOS GOMEZ			
Office Address:	27-42 COACOOCHEE STREET, APT # 2	_		
	MIAMI, FLORIDA	. Florida <u>33133</u>		
	MIAMI, FLORIDA (City)	(Zip code)		
9 Registered as	ent's acceptance:			
		of process for the above stated corporation at the place		
designated in thi	s application, I hereby accept the appointmen	nt as registered agent and agree to act in this capacity. I		
	comply with the provisions of all statutes rela r with and occept the obligations of my positi	tive to the proper and complete performance of my duties		
ana ram jamma	with and accept the omigations of my postal	on as registered agent.		
	()01/05 (00			
_	<u> </u>	ll L		
	(Registered agent's sign	nture)		

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: CARLOS GOMEZ ⊒Chairman Name: CARLOS GOMEZ □Vice Chairman | Address: 27-42 COACOOCHEE STREET Address: 27-42 COACOOCHEE STREET Vice Chairman **APT # 2** APT # 2 □Director □ Director MIAMI, FLORIDA 31333 MIAMI, FLORIDA 31333 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 ☐Treasurer □ Secretary □ Secretary □Treasurer □Other _____ ☐Other _____ □Other _____ □Other _____ Name: _______ Name: _____ □ Chairman □Chairman □Vice Chairman Address: _____ ☐ Vice Chairman Address: □ Director □ Director □ President □President □Vice President □Vice President □ Secretary ☐Treasurer □ Treasurer □ Secretary □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.

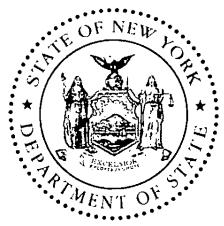
B. PRESIDENT

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GIANTOLE INC. was filed on 01/08/2015, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 26th day of March two thousand and twenty-one.

Braden C Hylan

Brendan C Hughes
Executive Deputy Secretary of State