F2100003080

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

Office Use Only



700364362477

05/12/21--01012--018 **70.00

2021 HAY 12 PH 12: 48

JUN -8 2021 M. SOLOMON

COVER LETTER

	tration Section ion of Corporations						
SUBJECT:	G KU, INC.						
SOBJECT.		ame of corporat	ion - mu	st include suffix			
Dear Sir or M	adam:						
"Certificate of	"Application by Foreig f Existence," or "Certif ced foreign corporation	icate of Good S	tanding [*]	and check are sub			•
Please return a	all correspondence con	cerning this mat	ter to th	e following:			
DOTTIE RANI	DAZZO						
		Name	of Perso	n			
PROFESSION	ALLEGAL ASSISTORS	S, INC.				, 7- · · · ·	2921 HAY 12 PH 12: 48
		Firm/C	ompany			pr #	泽
P.O. BOX 3258	3						-
•		Ad	ldress) in a	— 1 0
WILMINGTO	N, DE 19804						55 55
		City/State	e and Zi	p code		王 <u>王</u> [20]	- 7
DOTTIE@BIZ						- h	<u></u>
	E-mail ad	dress: (to be use	d for ful	ture annual report r	notification)		
For further inf	formation concerning the	his matter, pleas	e call:				
DOTTIE RANI	DAZZ()	302	90	99-9960 Daytime Telep			
Name	e of Person	Area C	ode ,	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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	_		□ \$78	STATE .75 Filing Fee & tified Copy		Filing F cate of S	

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.

	corporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	
(If name unavail	able in Florida, enter alternate corporate name ac	donted for the purpose of transacting	business in Florida)
DELAWARE	·	-	
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicable)	
06/22/2018	5		
(Date	an perpetual)		
05/10/2021			
877 TILDEN OA	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 KS TRAIL, WINTER GARDEN, FL 34787		•)
· 		e <u>street</u> address)	
			, 123 445
. Name and street	(Current mailing et address of Florida registered agent: (P.O.	address, if different) Box NOT acceptable)	HAY 12
Name:	GEORGIA OVERTON		PH 12: 4
Office Address:	877 TILDEN OAKS TRAIL		P#12: 48 ฮัย 3 [A] อ ก็กากต่อง
	WINTER GARDEN	. Florida ³⁴⁷⁸⁷	., ω
	(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.

Learsia (muto x Pl)
(Registered agent's)ignature)

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 GEORGIA OVERTON □ Chairman Name: □ Chairman 877 TILDEN OAKS TRAIL □Vice Chairman Address: □ Vice Chairman Address: WINTER GARDEN, FL 34787 □ 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 x-□Other _____ Name: ☐ Chairman □Chairman Address: □Vice Chairman Address: _____ ☐ Vice Chairman □ Director □ Director □President □President □ Vice President ___ ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □ Treasurer □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. _____ 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)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "G KU, 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 THIRTIETH DAY OF APRIL, A.D. 2021.



Authentication: 203102195

Date: 04-30-21