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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates of	Status			
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Special Instructions to	Filing Officer:				

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### **COVER LETTER**

_	stration Section ion of Corpora								
	•	gence Bureau, In	c.						
SOBJECT:		Name o	f corporation	ı - must	include suffix	-			
Dear Sir or M	ladam:		·						
"Certificate o	of Existence," (		of Good Star	iding'' a	ization to Transa ind check are sub orida.				
Please return	all correspond	ence concernin	g this matte	r to the	following:				
Nick Francis								_,	
	-		Name of	Person				2.3	
Global Intellig	ence Bureau, In	c.						- · - ·	11
		<u> </u>	Firm/Con	npany				-55	•
83 Geneva Dri	ve, #1773							70	,
			Addr	ess				<del></del>	<del></del> ,
Oviedo, FL 32	765							/. u	
			City/State a	ınd Zip	code				
ntrancis@glob	albureau.us								
	ŀ	E-mail address:	(to be used	for futu	re annual report r	otification	on)		
For further in	formation con	cerning this ma	tter, please	call:					
Nick Francis			407 nt (	577-					
Nam	e of Person		Area Cod	le	Daytime Telep	hone Nui	nber	_	
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					
	neck payable to:	following amou FLORIDA DE \$78.75 Filing Certificate of	PARTMENT Fee & - I	<b>378.7 3</b>	ATE 5 Filing Fee & fied Copy	Ce	7.50 Fil. ertificate ertified (	of Sta	

#### 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.	Global Intelligence Bureau, Inc							
		orporation: must include "INCORPORATED orp," "Inc." "Co," or "Corp.")	." "COMPANY." "CORPORATIC	", ис				
	Global Intellige	nce Bureau (GIB). Inc						
	(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transact	ing business in Florida)				
2.	New York	3	86-3255163					
			(FEI number, it's	ipplicable)				
4.	04/14/2021	5						
٦,	(Date	of incorporation) 5.	(Date of duration, if othe	(Date of duration, if other than perpetual)				
6.								
•••	· · · · · · · · · · · · · · · · · · ·		n Florida, if prior to registration)					
	244 10 - 1 120	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liabi	hty)				
7.	546 Route 6, #58/ 	6, Mahopac NY 10546		ea				
	112.C3 D.:	·	fice <u>street</u> address)	22				
	85 Geneva Drive	, #1773, Oviedo FL 32765						
		(Current maili	ng address, if different)	7.2				
				<u>-</u> 11				
8.	Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)					
	Name:	Nick Francis	_ <del>_</del>	100 mg				
O	Office Address:	83 Geneva Drive, #1773		. ,				
		Oviedo	, Florida <u>32765</u>					
		(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.

(Registered agent's signature)

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 Nick Francis Name: \_\_\_\_\_ □ Chairman Name: □ Chairman 83 Geneva Drive, #1773 ☐ Vice Chairman □Vice Chairman Address: Address: Oviedo, FL 32765 □ Director ■ Director □President □ President □Vice President □ Vice President ☐Treasurer □ Treasurer □ Secretary ☐ Secretary Other\_\_\_\_ □Other □Other □Other ..... □ Chairman Chairman Name: Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director ☐ Director []President ☐ President □Vice President \_\_\_\_\_ □Vice President ☐ Treasurer ☐ Secretary Treasurer ☐ Secretary □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 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)

**Nick Francis** 

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GLOBAL INTELLIGENCE BUREAU, INC. was filed on 04/14/2021, 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.

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 20th day of April two thousand and twenty-one.

Braden C Hylen

Brendan C Hughes
Executive Deputy Secretary of State