| (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



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22/10/3

## **COVER LETTER**

| •                                      | ation Section n of Corporations  |                  |              |   |                                       |               |          |          |
|--|--|------------------|--------------|---|---------------------------------------|---------------|----------|----------|
|  | Global RCG Inc.  |                  |              |   |                                       |               |          |          |
| SOBJECT.                               | Nai  | me of corporati  | on - must    | include suffix  |                                       | <del></del> - |          |          |
| Dear Sir or Mad                        | dam:   |                  |              |   |                                       |               |          |          |
| "Certificate of                        | Application by Foreigr<br>Existence," or "Certific<br>ed foreign corporation   | ate of Good St   | anding" a    | nd check are sub  |                                       |               |          |          |
| Please return al                       | l correspondence conc  | erning this mat  | ter to the f | following:  |                                       |               |          |          |
| John Incorvaia, I                      | Esq.   |                  |              |   |                                       |               |          |          |
|  |  | Name o           | of Person    |   |                                       |               |          | -        |
|  |  |                  |              |   |                                       |               |          | _        |
|  |  | Firm/Co          | ompany       |   |                                       |               |          |          |
| 1514 S Ocean St                        | iore Blvd.   |                  |              |   |                                       | •             | 202      | _        |
|  |  | Ade              | dress        |   |                                       | ÷.            | <u> </u> | ****     |
| Flagler Beach, F                       | L 32136  |                  |              |   | •••                                   |               | ₹.       |          |
|  |  | City/State       | and Zip c    | ode   | · · · · · · · · · · · · · · · · · · · | ; /·          | 7        |          |
| info@yourlawad                         |  |                  |              |   | ï                                     |               | РН 4: 03 | <u> </u> |
|  | E-mail add   | ress: (to be use | d for futur  | e annual report i   | notification)                         |               | <u>.</u> |          |
| For further info                       | rmation concerning thi   | s matter, pleas  | e call:      |   | ſ                                     |               | 03       |          |
| John Incorvaia, l                      | ∃sq.   | at ( 386         | 246-         | 8550  |                                       |               |          |          |
| Name                                   | of Person  | Area Co          | ode ,        | Daytime Telep   | hone Number                           |               |          |          |
| Registr<br>Divisio<br>The Ce<br>2415 N | ET/COURIER ADDR<br>ation Section<br>n of Corporations<br>ntre of Tallahassee<br>. Monroe Street, Suite<br>ssee, FL 32303 |                  |              | MAILING A<br>Registration S<br>Division of Co<br>P.O. Box 632<br>Tallahassee, F | Section<br>orporations<br>7           |               |          |          |
|  | •  | DEPARTMEN        | □ \$78.75    | ATE<br>5 Filling Fee &<br>fied Copy   | ☐ \$87.50 ☐ Certific                  | ate of        | Status   | ; &c     |

# 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.

|                   | orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.") | ₹D," "C0           | OMPANY," "CORPORATIO                        | N."                     |  |  |
|-------------------|--|--------------------|---|-------------------------|--|--|
|                   |  |                    |   |                         |  |  |
| (If name unavaila | able in Florida, enter alternate corporate na                        | me adopt           | ed for the purpose of transacting           | ng business in Florida) |  |  |
| Delaware          |  | 3.                 |   |                         |  |  |
| (State or countr  | y under the law of which it is incorporated)                         | )                  | (FEI number, if applicable)                 |                         |  |  |
| 02/10/2021        |  | 5.                 |   |                         |  |  |
|                   | of incorporation)  | -· <del>-</del>    | (Date of duration, if other than perpetual) |                         |  |  |
| ,                 |  |                    |   |                         |  |  |
|                   | (Date first transacted busines                                       |                    |   |                         |  |  |
| ZOLD 1 1 11 12    | (SEE SECTIONS 607.1501 & 60°   | 7.1 <b>5</b> 02, F | .S., to determine penalty habit             | ity)                    |  |  |
| . Brickell Key    | Drive, Suite 901, Miami, FL 33131                                    |                    | - 11  | ~                       |  |  |
|                   | (Principal   | office sti         | reet address)                               |                         |  |  |
|                   | (6)  | .:t:               |   | <u> </u>                |  |  |
|                   | (Current ma  | ning add           | lress, if different)                        | 12                      |  |  |
| Name and street   | et address of Florida registered agent: (                            | D C Da             | v NOT aggantable)                           | 2021 MAY 27 PM 4: 03    |  |  |
| . Name and street | <del></del>  | F.O. 60            | x <u>NOT</u> acceptance)                    | 15 IX                   |  |  |
| Name:             | Rogelio Caceres  | <del></del>        |   |                         |  |  |
| Office Address:   | 601 Brickell Key Drive, Suite 901                                    |                    |   | $\sim$ $\sim$           |  |  |
| rince riddiess.   | Miami  |                    |   |                         |  |  |
|                   | (*Clearit  |                    | , Florida 33131                             |                         |  |  |
|                   | (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.



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 Name: Rogelio Caceres Chairman □Chairman Name: \_\_\_\_\_ 601 Brickell Key Dr., Ste. 901 Address: ☐ Vice Chairman □ Vice Chairman Address: \_\_\_\_ Miami, FL 33131 Director □ Director □ President □ President □Vice President □ Vice President □ Secretary Treasurer □ Secretary □Treasurer □Other Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ Other \_\_\_\_\_ Name: □ Chairman Name: \_\_\_\_\_ □ Chairman □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_\_\_ □ Director Director □ President □President ☐ Vice President ☐ Vice President ☐ Secretary □Treasurer ☐ Secretary ☐Treasurer □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_ \_\_\_ □ Chairman Name: \_\_\_\_ ☐ Vice Chairman □Vice Chairman Address: \_\_\_\_\_ Address: \_\_\_\_ □ 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. Signature of Director

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.

Rogelio Caceres



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

DELAWARE, DO HEREBY CERTIFY "GLOBAL RCG 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 THIRTEENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GLOBAL RCG INC."

WAS INCORPORATED ON THE TENTH DAY OF FEBRUARY, A.D. 2021.

2021 HAY 27 PM 4: 03

Authentication: 203195262

Date: 05-13-21

5050525 8300 SR# 20211757928