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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Global Treasure Inc.	
Name of corporation	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," or "Certificate of Good Sta above referenced foreign corporation to transact busing	inding" and check are submitted to register the
Please return all correspondence concerning this matter	er to the following:
Peter Santenello	
Name o	f Person
Global Treasure Inc.	
Firm/Co	mpany
416 SW 1st Ave. Apt. 1811	
Add	ress
Fort Lauderdale, FL 33301	
City/State	and Zip code
psantenello@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Peter Santenello 415	688-1184
Name of Person Area Co	de Daytime Telephone 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMEN	T OF STATE
■ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy

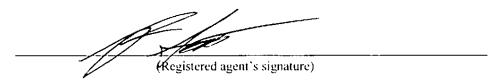
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Global Treasu	ire Inc.				
•	corporation; must include "INCORPORATEI Corp." "Inc.," "Co." or "Corp.")	D." "COMPANY." "CORPORATI	ON."		
Global Treasu	ires Inc.				
(If name unava	illable in Florida, enter alternate corporate nam	e adopted for the purpose of transac	ting business in Florida)		
Nevada 2.		82-1159569 3	82-1159569		
	ntry under the law of which it is incorporated)	(FEI number, if	(FEI number, if applicable)		
4. 01/03/2017	5	5			
(Date of incorporation)		(Date of duration, if other	er than perpetual)		
6.					
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liab	oility)		
7 416 SW 1st Av	e. Apt. 1811., Fort Lauderdale, FL 33301				
/·		ffice street address)	,		
 	(Current mail	ling address, if different)			
			21		
8. Name and str	reet address of Florida registered agent: (P	P.O. Box <u>NOT</u> acceptable)	等海 鱼 而		
Name:	Peter Santenello		-6 A		
Office Address:	416 SW 1st Ave. Apt. 1811		AM 11: 32		
	Fort Lauderdale	, Florida	045 1. 3		
	(City)	(Zip code)	≫ 2		

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.

□Chairman	Name: Peter Santenello	☐ Chairman	Name:	
□ Vice Chairman	416 SW 1st Ave. Apt. 1811 Address:	□Vice Chairman		
□Director	Fort Lauderdale, FL 33301	□Director		
President		□President		
		_		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
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		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		□Other
Important Notice:	Use an attachment to report more than six (6). The added to the indexaction filing year Florida Dep	e attachment will be image artment of State Annual Re	d for reporting	purposes only. Non-indexed
12.	for five			
	Signature of Dire	ctor or Officer		

s.817.155, F.S.

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

1. Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, GLOBAL TREASURE INC., as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/03/2017, and is in good standing in this state.

Certificate Number: B202106101740037

You may verify this certificate online at http://www.nysos.gov

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/10/2021.

BARBARA K. CEGAVSKE Secretary of State