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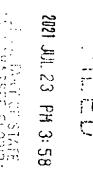
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COVER LETTER

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT: Global Impex Jax, Inc.					
50150		corporation	- must include suffix			
Dear S	ir or Madam:					
"Certif	closed "Application by Foreign Corplicate of Existence," or "Certificate or referenced foreign corporation to trans	f Good Stand	ling" and check are submit			
Please	return all correspondence concerning	g this matter	to the following:			
Michel	ove Jules					
-	· · · · · · · · · · · · · · · · · · ·	Name of F	Person			
Marks	Gray, P.A.					
-		Firm/Comp	pany			
1200 R	iverplace Blvd, Suite #800					
		Addre	ss			
Jackson	nville, FL 32207					
		City/State an	d Zip code			
mjules	@marksgray.com					
	E-mail address:	(to be used fo	or future annual report noti	fication)		
For fu	ther information concerning this mat	ter, please ca	all:			
Fred H	. Kent III	904	807-2107			
	Name of Person	Area Code		ne Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADE Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations		
Please	ed is a check for the following amount make check payable to: FLORIDA DEF 1.00 Filing Fee S78.75 Filing Certificate of	PARTMENT Fee &		■ \$87.50 Filing Fec, 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.

Ice Address: 1200 Riverplace Blvd, Suite #800	(If name unavai	lable in Florida, enter alternate corporate name		siness in Florida)
Content of incorporation Date of incorporation	Georgia	3.		
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 473 Satellite Blvd, Suite 355N, Duluth, GA 30096 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Fred H. Kent III Esq. 1200 Riverplace Blvd, Suite #800 Jacksonville Jacksonville (City) Florida (Cip code)		ry under the law of which it is incorporated)	(FEI number, if applical	ble)
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 473 Satellite Blvd, Suite 355N, Duluth, GA 30096 (Principal office street address) 3473 Satellite Blvd, Suite 355N, Duluth, GA 30096 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Fred H. Kent III Esq. 1200 Riverplace Blvd, Suite #800 Jacksonville Jacksonville Florida (City) Florida 32207 (Zip code)	June 10, 1997	5.		
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 473 Satellite Blvd, Suite 355N, Duluth, GA 30096 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Fred H. Kent III Esq. 1200 Riverplace Blvd, Suite #800 Jacksonville Jacksonville (City) Florida 32207 (Zip code)	(Dat	e of incorporation)	(Date of duration, if other than p	perpetual)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 473 Satellite Blvd, Suite 355N, Duluth, GA 30096 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Fred H. Kent III Esq. ice Address: 1200 Riverplace Blvd, Suite #800 Jacksonville , Florida (City) Florida 32207 (Zip code)				
A73 Satellite Blvd, Suite 355N, Duluth, GA 30096 (Principal office street address) 3473 Satellite Blvd, Suite 355N, Duluth, GA 30096 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Fred H. Kent III Esq. 1200 Riverplace Blvd, Suite #800 Jacksonville , Florida (City) (City) (Zip code)				
(Principal office street address) 3473 Satellite Blvd, Suite 355N, Duluth, GA 30096 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Fred H. Kent III Esq.	473 Satellite B		politics in the politics of th	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Fred H. Kent III Esq. 1200 Riverplace Blvd, Suite #800 Jacksonville (City) Thorida (Zip code)			street address)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Fred H. Kent III Esq. 1200 Riverplace Blvd, Suite #800 Jacksonville (City) Thorida (Zip code)	2472 Satallita I	Alved Suite 255N Dubul. CA 20004		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Fred H. Kent III Esq. 1200 Riverplace Blvd, Suite #800 Jacksonville (City) Florida 32207 (Zip code)	J47J Satellite I		g address, if different)	 -
Ice Address: 1200 Riverplace Blvd, Suite #800			- ,	
Ice Address: 1200 Riverplace Blvd, Suite #800				** * .
Ice Address: 1200 Riverplace Blvd, Suite #800	Name and stre	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)	
Jacksonville , Florida 32207 (City) (Zip code)). Box <u>NOT</u> acceptable)	77.5 17.7 18.75 18.75
(City), Florida (Zip code)	Name:	Fred H. Kent III Esq.). Box <u>NOT</u> acceptable)	
(City) (Zip code)	Name:	Fred H. Kent III Esq.). Box <u>NOT</u> acceptable)	
Descriptored agent?	Name:	Fred H. Kent III Esq. 1200 Riverplace Blvd, Suite #800	77207	10 10 12335 United (100)
	Name:	Fred H. Kent III Esq. 1200 Riverplace Blvd, Suite #800 Jacksonville	, Florida <u>32207</u>	1976 (2013) 1985 (2016) 4 1976 (2016) 1986 (2016) 4 1976 (2016) 1986 (2016) 4
	Name: ice Address: Registered ag	Fred H. Kent III Esq. 1200 Riverplace Blvd, Suite #800 Jacksonville (City) ent's acceptance:	, Florida 32207 (Zip code)	The state of the plant of the p
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my d	Name: fice Address: Registered ag ving been nan ignated in this ther agree to c	Fred H. Kent III Esq. 1200 Riverplace Blvd, Suite #800 Jacksonville (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointmental omply with the provisions of all statutes re-	, Florida 32207 (Zip code) ce of process for the above stated corposent as registered agent and agree to delative to the proper and complete per	act in this capaci
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity	Name: ice Address: Registered agving been nanignated in this	Fred H. Kent III Esq. 1200 Riverplace Blvd, Suite #800 Jacksonville (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointmental omply with the provisions of all statutes re-	, Florida 32207 (Zip code) ce of process for the above stated corposent as registered agent and agree to delative to the proper and complete per	act in this capaci
ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity Ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my d	Name: fice Address: Registered ag wing been nan signated in this ther agree to c	Fred H. Kent III Esq. 1200 Riverplace Blvd, Suite #800 Jacksonville (City) ent's acceptance: aed as registered agent and to accept service application, I hereby accept the appointmental omply with the provisions of all statutes re-	, Florida 32207 (Zip code) ce of process for the above stated corposent as registered agent and agree to delative to the proper and complete per	act in this capaci

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:		Name: Suhel Kazani				
□ Chairman	3473 Satellite Blvd. Suite 355N.	Chairman	3473 Satellite Blvd. Suite 355N				
☐Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	Dutail, GA 30030.	□Director					
□President		□President					
□Vice President		☐ Vice President					
☐ Secretary	☐Treasurer	☐ Secretary	☐ Treasurer				
CEO CEO	Other	CFO	Other				
□Chairman	Rame:	□Chairman	Name:				
□Vice Chairman	Address: 3473 Satellite Blvd, suite 355N	□Vice Chairman	Address:				
Director	Duluth, GA 30096	□Director					
□President	·	□President					
□Vice President		□Vice President					
Secretary	☐Treasurer	□Secretary	<u></u>				
Other	Other	Other	□ Treasurer. □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				
			T.= _p				
□ 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 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. Siraj Kazani 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. Siraj Kazani Siraj Kazani							
🔒 Siraj Kazan							

(Typed or printed name and capacity of person signing application)

Control Number: K721736

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> GLOBAL IMPEX INC. a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 21010582 Date Inc/Auth/Filed: 06/10/1997 Jurisdiction : Georgia Print Date : 06/17/2021

Form Number : 211



Brad Raffons

Brad Raffensperger Secretary of State



June 29, 2021

SIRAJ KAZANI GLOBAL IMPEX INC. 3473 SATELLITE BLVD, SUITE 355N DULUTH, GA 30096

SUBJECT: GLOBAL IMPEX INC. Ref. Number: W21000093826

We have received your document for GLOBAL IMPEX INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 921A00014831

