F2100006298

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
Office Use Only	



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T. LEMIEUX NOV - 2 2021

COGENCYGLOBAL	115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL COM			
Date: October 29, 2021	Account#: 12000000088			
Name: David Shulman				
Reference #: 1498426				
Entity Name: GREAT STRIDES HOLDC	O, INC.			
Articles of Incorporation/Authorization to Transact Busi	ness)			
Amendment				
Change of Agent	ISSUES? CALL			
Reinstatement David:				
Conversion 850-270-0082				
Merger				
Dissolution/Withdrawal				
Eictitious Name				

Other _____

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Authorized Amount:

\$70.00

David Shulman

Signature:

 CORPORATE HQ COGENCY GLOBA, IMC ICE 40 - 51 10 TFL TY NY 10015 800,221,0102 -1,212,947,7200 DEUROPEAN HQ COGENCY GLOBAL (UK) HIMITED REG VEFED HENCLAND ANA F3 REGNER (F 107 6 BENIS MARKS, 1 F1 LCN-DON EC3A / BA +44 (0)20.3786.1090 ** ASIA PACIFIC HQ COGENCY GLOBAL (HK) HMITED A HORC KONGLIN (TRICOVENY) INFINITUS PLAZA 12 **E 199 DES MOEUX RD CENTRAL HONG KONG *852,3975,1803

	COGENCYGLOBAL
Date:	October 29, 2021

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: October 29, 2	021	Account#: 1200000008			
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Entity Name: GREAT STRIDES HOLDCO, INC.					
Articles of Incorporatio	n/Authorization to Trans	sact Business)			
Amendment					
Change of Agent		ISSUES? CALL			
Reinstatement		David:			
Conversion		850-270-0082			
Merger					
Dissolution/Withdrawa	1				
Fictitious Name					
Other		,			

Authorized Amount:

\$70.00

Signature:

David Shulman

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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. <u>GREAT STRIDES HOLDCO, INC.</u> (Enter name of corporation: must include "INCORPORATED." "COMPANY." "CORPORATION." "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.")

(If nan	ne unavailable in Florida, enter alternate corporate na	ne ado	pted for the purpose of transa	cting business in Florida)
2.	Delaware	3.		
(State	e or country under the law of which it is incorporated)		(FEI number, if	fapplicable)
4.	8/6/2021	5.		
	(Date of incorporation)		(Date of duration, if ot	her than perpetual)
6	(Date first transacted busines (SEE SECTIONS 607.1501 & 60		orida, if prior to registration) F.S., to determine penalty lia	bility)
7.	484 Riverside Avenue,	Jacks	onville, FL, 32202	
	(Pri	ncipal o	office address)	
	(Current ma	iling a	ddress, if different)	21
8. Name	and street address of Florida registered agent: (P.O. F	Box <u>NOT</u> acceptable)	
	Name: COGENCY GLOBAL INC			· · []
Office A	ddress:115 North Calhoun Street, St	uite 4		FM 2
	Tallahassee		_, Florida <u>32301</u>	2 28 10 10
	(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.

/s/ Eric Hood, Assistant Secretary

(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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	William Gumina
Address:	484 Riverside Avenue, Jacksonville, FL, 32202
Director	Guy Sansone
Address:	494 Diverside Avenue, tacksonville, El. 32202
B. OFFICERS	
President:	Guy Sansone
Address:	484 Riverside Avenue, Jacksonville, FL, 32202
Vice President:	Timothy Hughes
Address:	484 Riverside Avenue, Jacksonville, El. 32202
Secretary.	
NOTE: If necessary, you	a may attach an addendum to the application listing additional officers and/or directors.
•••	Signature of Director or Officer
The officer or director sig are true and that he or she	Signature of Director or Officer gning this document (and who is listed in number 11 above) affirms that the facts stated herein is aware that false information submitted in a document to the Department of State constitutes rovided for in s.817.155. F.S.
13	Timothy Hughes, Officer
	Trend an existed news and associate of newson signing application)

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREAT STRIDES HOLDCO, 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 OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREAT STRIDES HOLDCO, INC." WAS INCORPORATED ON THE SIXTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



Settrey W Butlecs, Secretary of State

Authentication: 204401263 Date: 10-13-21

Page 1

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You may verify this certificate online at corp.delaware.gov/authver.shtml