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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HGC TECHNOLOGIES CORP.	
Name of corpora	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good 5 above referenced foreign corporation to transact bus	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
VINCENT ALLARD	
Name	of Person
CORPOMAX INC.	
Firm/C	Company
2915 OGLETOWN RD	
A	ddress
NEWARK, DE 19713	
City/Sta	te and Zip code
INFO@CORPOMAX.COM	
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter, plea	se call:
VINCENT ALLARD at (at (	266-8200
Name of Person Area	Code 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, F1, 32314
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTM  \$70.00 Filing Fee  \$78.75 Filing Fee & Certificate of Status	ENT OF STATE  \$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.

l	LOGIES CORP.			
(Enter name of c "Inc.," "Co.," "C	orporation: must include "INCORPORATI orp," "Inc," "Co," or "Corp,")	D," "(	COMPANY," "CORPORATION	,"
HGC TECHNO	LOGIES CORP. OF DELAWARE			
(If name unavail	able in Florida, enter alternate corporate na	me ado	pted for the purpose of transacting	g business in Florida)
DELAWARE		3 30	30-1134036	
(State or countr	y under the law of which it is incorporated	· · · · · ·	(FEI number, if applicable)	
November 20, 2	017	5		
	Date of incorporation)  5. (Date of duration, if other than perpetual		han perpetual)	
).				
7	· · ·		treet address)	
	(Current ma	ming a	ddress, if different)	5.0 <b>≥</b>
8. Name and <u>stree</u> Name:	et address of Florida registered agent: ( NRAI SERVICES, INC.	P.O. B	ox <u>NOT</u> acceptable)	2022 JAN -6 AM 8: IS SECRETARY OF STATE ALLAHASSEE, FLORID
Office Address:	1200 SOUTH PINE ISLAND ROAD		_	6 <b>A</b> ₽ 17 OF SEE, F
	PLANTATION		, Florida 33324	AM 8: 15 OF STATE , FLORIDA
	(City)		(Zip code)	25

#### 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.

Linda Stauffer, 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.

#### A. DIRECTORS HICHEM GUEMIRI □ Chairman Name: □Chairman Name: 2915 OGLETOWN RD, #2943 Il Vice Chairman Address: Address: C. Vice Chairman NEWARK, DE 19713 🛱 Director □Director \_\_\_\_\_\_ Fresident Desident C Vice President □ Vice President Secretary Treasurer ☐ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ ≟ Chairman Name: [[Chairman] Name: □Vice Chairman Address: Address: ☐ Vice Chairman Director. Director President President \_\_\_\_\_\_ ☐ Vice President □ Vice President **Secretary** ☐ Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_\_ **DC**hairman Name: □Chairman Name: □Vice Chairman Address: \_\_\_\_\_\_ Address: C Vice Chairman L.Director □ Director President President I Vice President □Vice President []Treasurer ☐ Secretary □ Secretary □ Treasurer ClOther \_\_\_\_\_ ElOther \_\_\_\_\_ \_\_Other \_\_\_\_\_ □Other \_\_\_\_ 15 from Notice. Use an attachment to report more than six (b). The attachment will be imaged for reporting purposes only. Non-indexed and widush may be added to the index when filife your Florida Department of State Annual Report form. INChel Signature of Director or Cheer The officer of director signing this document (and who is listed in number 14 above) affirms that the facts stated herein are true and that he of 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.517.155, F.S. SUBEM GUEMIRI, PRESIDENT 11 (Typed or printed name and capacity of person stening application)

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HGC TECHNOLOGIES CORP." 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 THIRD DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HGC TECHNOLOGIES CORP." WAS INCORPORATED ON THE TWENTIETH DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 204857316

Date: 12-03-21