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T. LEMIEUX FEB 15 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Sister Gabriel, Inc.			
	tion - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good! above referenced foreign corporation to transact but	Standing" and check are submitted to register the		
Please return all correspondence concerning this ma	atter to the following:		
Lauren Weinzapfel			
Name	of Person		
Hess & Rohmer, P.C.			
Firm/C	Company		
209 W Broadway			
Λ	ddress		
Gainesville, TX 76240			
City/Sta	te and Zip code		
lauren@hessrohmercpa.com			
E-mail address; (to be us	ed for future annual report notification)		
For further information concerning this matter, plea	se call:		
Lauren Weinzapfel 940	de Daytime Telephone Number		
Name of Person Area C	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, FL 32314		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMI \$70.00 Filing Fee	ENT OF STATE \$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy 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.

Sister Gabriel, I			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO)N,"
Monroe Glass &	² Мітог		
(If name unavails	able in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ing business in Florida)
Texas	3.	87-4418 9 00	
•	y under the law of which it is incorporated)	(FEI number, if a	
1/4/2022	5	(Date of duration, if other	
(Date	of incorporation)	(Date of duration, if other	rthan perpetual)
3214 #2 Flagler A	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		lity)
DELA ME LIGRICI N	venue, Key West, FL 33040	e <u>street</u> address)	
PO Box 149, Lin	•	e <u>street</u> aoutess)	
	<u> </u>	address, if different)	
	Va.	, ,	
Name and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Krystin Guerra		
fice Address:	815 Peacock Plaza		
	Key West	, Florida	- 22
	(City)	(Zip code)	
Registered age	ent's acceptance:		-2
aving been name signated in this rther agree to co	ed as registered agent and to accept service application, I hereby accept the appointmentally with the provisions of all statutes rewith and accept the obligations of my post	ent as registered agent and agr lative to the proper and comple	ee to act in this capacity. I
<u> </u>	Kyphin Oduna (Registered agent's sig	<u></u>	

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						
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: PO Box 149	□Vice Chairman	Address:	<u></u>		
Director	Lindsay, TX 76250	□Director				
President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary		☐Treasurer		
□Other	□Other	□Other		□Other		
□Chairman	Name:	□Chairman	Name:	<u></u>		
□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	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	□ Secretary		□Treasurer		
Other		□Other		□Other		
individuals may be	Use an attachment to report more than six (6). The attacked to the index when filing your Florida Depoin		eport form.			
Signature of Director of Office						
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in numb alse information submitted in a document to the Depa					
13. Kelly Zwings	gi					

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



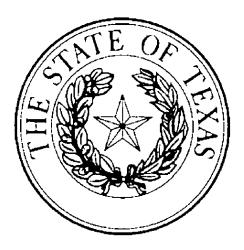
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Sister Gabriel, Inc. (file number 804384597), a Domestic For-Profit Corporation, was filed in this office on January 04, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 19, 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/ Fax: (512) 463-5709