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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	• • •
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FILED
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SECREPARY OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corpo				
SUBJ	ECT: SEKALGOL	DMOOR HOLDING, INC.			
3000		Name of corporat	ion - must include suffix		
Dear S	ir or Madam:				
"Certif	icate of Existence."		or Authorization to Transa tanding" and check are sub iness in Florida.		
Please	return all correspon	dence concerning this ma	tter to the following:		
ЛММ	Y BEY				
		Name	of Person		
REGIS	TERED AGENT				
		Firm/C	ompany		
1884 P	ATTERSON AVE				
		Ac	ldress		
ORLA	NDO, FLORIDA 381	1			
		City/Stat	e and Zip code		
JB@O	URROYALEARTH.C				
		E-mail address: (to be use	ed for future annual report i	notification)	
For fur	ther information co	ncerning this matter, pleas	se call:		
ЛИММ	MMY BEY at (407 ) 222-1612				
	Name of Person	Area C	Ode Daytime Telep	hone 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			
Please		following amount: b: FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	NT OF STATE  \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO RUSINESS 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.

SEKAI GOLDN	MOOR HOLDINGS, INC.				
	orporation; must include "INCORPORAT: orp," "Inc," "Co," or "Corp.")	ED.	" "COMPANY," "CORPORATIO	N,"	
GOLDMOOR H	HOLDINGS, INC.				
(If name unavails	able in Florida, enter alternate corporate na	me	adopted for the purpose of transacting	ng business in Florida)	
DELAWARE		3	3 83-2411206		
(State or country under the law of which it is incorporated)		(FEI number, if a	(FEI number, if applicable)		
JULY 2, 2018		5.	N/A		
(Date	(Date of incorporation)		(Date of duration, if other than perpetual)		
N/A					
	L HWY LEWES DELAWARE 19958		502, F.S., to determine penalty liabil ice street address)		
	(Current ma	ailir	ng address, if different)		
Name and street	et address of Florida registered agent: (	P.C	D. Box NOT acceptable)	<b>2022</b> SE	
Name:	JIMMY BEY			CRE TA	
ffice Address:	1884 PATTERSON AVE			2022 HAR 22 Score Lary	
	ORLANDO		, Florida 32811	PH 7: 27	
	(City)		(Zip code)	7: 2 STAT	
Dogistanad age	ent's accentance			PA PA	

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.

(Registored 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	Name: SHEIK BEY	□ Chairman	Name:			
	POST OFFICE 100759	□Vice Chairman				
Director	PALM BAY FLORIDA 32910	□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	Secretary		□Treasurer		
OFFICER Other	Cother	□Other		Other		
Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President	<del></del>			
□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 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.  SHEIK BEY, OFFICER  Signature of Director or Officer						

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.

, OFFICER

Sheik Bey

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## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "SEKAI GOLDMOOR HOLDINGS 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 SEVENTH DAY OF MARCH, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEKAI GOLDMOOR HOLDINGS INC." WAS INCORPORATED ON THE SECOND DAY OF JULY, A.D. 2018.

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

Authentication: 202842807

Date: 03-07-22