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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

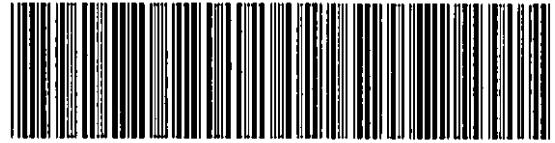
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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** G & J PROPERTIES LTD. CO.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ANTHONY PINIZZOTTO

\_\_\_\_\_  
Name of Person

ANTHONY PINIZZOTTO, P.A.

\_\_\_\_\_  
Firm/Company

415 DUNLAWTON AVENUE, SUITE 106

\_\_\_\_\_  
Address

PORT ORANGE, FL 32127

\_\_\_\_\_  
City/State and Zip code

TONY@PINLAWOFFICE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY PINIZZOTTO

at ( 386 ) 585-8027

\_\_\_\_\_  
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, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
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.*

1. G & J PROPERTIES LTD.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- G & J PROPERTIES LTD. FLCA  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CANADA 3. NOT APPLICABLE  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11-30-1981 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 904 PROSPECT STREET, FREDERICTON, NB E3B 2T8 CANADA  
(Principal office street address)
- \_\_\_\_\_  
(Current mailing address, if different)

2002 APR - 7 PM 6:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

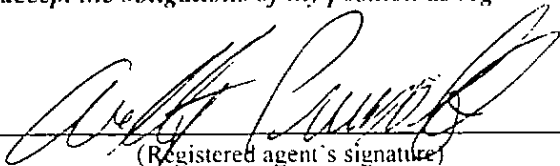
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: ANTHONY PINIZZOTTO

Office Address: 415 DUNLAWTON AVENUE, SUITE 106  
PORT ORANGE, Florida 32127  
(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.*

  
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: GWEN A. MCMULLIN  
☐ Vice Chairman Address: 904 PROSPECT ST.  
☒ Director FREDERICTON NB E3B 2T8 CANADA  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ 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. Gwen McMullin  
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.

13. GWEN A. MCMULLIN, DIRECTOR AND PRESIDENT  
(Typed or printed name and capacity of person signing application)



CANADA / CANADA  
PROVINCE OF NEW BRUNSWICK / PROVINCE DU NOUVEAU-BRUNSWICK  
BUSINESS CORPORATIONS ACT / LOI SUR LES CORPORATIONS COMMERCIALES

I HEREBY CERTIFY that according to the records under the *Business Corporations Act*,  
JE CERTIFIE par la présente que d'après les livres en vertu de la *Loi sur les corporations commerciales*.

**G & J PROPERTIES LTD.**

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Corporate name / Dénomination sociale

**020923**

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Corporation number / Numéro de société

was incorporated by Articles of Continuance / a été constituée par les statuts de prorogation

**1981-11-30**

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Date of Certificate of Continuance (YYYY-MM-DD)

Date du certificat de prorogation (AAAA-MM-JJ)

I CERTIFY FURTHER that according to the said records the above corporation has not been dissolved.

JE CERTIFIE ÉGALEMENT que, d'après lesdits livres, la corporation ci-dessus n'a pas été dissoute.

CERTIFIED under my hand at Fredericton, New Brunswick  
CERTIFIÉ par le soussigné à Fredericton, Nouveau-Brunswick

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Deputy Director / Directeur Adjoint

*Business Corporations Act / Loi sur les corporations commerciale*

**2022-01-13**

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Issuance date (YYYY-MM-DD)

Date d'émission (AAAA-MM-JJ)