Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	To:	Division of Corporations Fax Number : (850)617-6383		2022		
	From:	Account Name : REGISTERED AGENTS Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	INC.	19 13 PK 4		
	ann	the email address for this business ual report mailings. Enter only one il Address:	entity to be used email address ple	for future ase.**		
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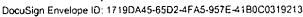
under the law of which it is incorporated.

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.

4.00	the in Classic annual contracts upon	e adopted for the purpose of transacting business	in Florida)
			111110110111
North Car		(FEI number, if applicable)	
014010041	•		
8/13/2018	5	Date of duration, if other than perpe	tual)
(Date	or incorporation)	(Date of duration, it office than perpe	,
	(Date first transacted business	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	2022 JUN 13 FM 4: 18
3109 Sher	ry Drive Raleigh North Car		
3103 01101		flice street address)	
3109 Sher	ry Drive Raleigh NC 27604		~
		ing address, if different)	ئۆ
			· -
Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	-
	et address of Florida registered agent: (P Registered Agents Inc.	.O. Box NOT acceptable)	
Name:		.O. Box NOT acceptable)	-
Name:	Registered Agents Inc. 7901 4th St N STE 300		
Name:	Registered Agents Inc. 7901 4th St N STE 300	.O. Box NOT acceptable) , Florida 33702(Zip code)	
Name: Office Address: Registered agilaving been name besignated in this wither agree to contact.	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: and as registered agent and to accept ser application, I hereby accept the appoin	Florida 33702 (Zip code) wice of process for the above stated corporation to the complete performation of the proper and complete performation.	ition at the plac in this capacity
Name: Office Address: Registered agilaving been namelesignated in this arther agree to cond I am familian	Registered Agents Inc. 7901 4th St N STE 300 St. Petersburg (City) ent's acceptance: and as registered agent and to accept ser application, I hereby accept the appoint omply with the provisions of all statutes	Florida 33702 (Zip code) vice of process for the above stated corpora tment as registered agent and agree to act to relative to the proper and complete perfora position as registered agent.	ition at the plac in this capacity

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction



A. DIRECTORS Name: Mark Germagian □ Chairman □Chairman Address: □Vice Chairman □Vice Chairman Address: _ 128 Atlas Drive **⊠**Director □ Director Jacksonville FL 32092 □President **X**President □Vice President □Vice President □Treasurer □ Secretary □ Secretary Treasurer □Other ____ □Other _____ □ Other _____ □Other _____ Name: Patrick Day □ Chairman □Chairman Name: _____ Address: □Vice Chairman □Vice Chairman Address: ___ 3109 Sherry Drive ☑ Director □Director Raleigh NC 27604 □President □President □Vice President □Vice President □ Secretary **X**²Treasurer **X**iSecretary □Other _____ □Other _____ □Chairman □Chairman □Vice Chairman □Vice Chairman Address: Director □ Director □President □President □Vice President □Vice President □Treasurer □ Secretary □Secretary □Treasurer □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 cards be to the index when filing your Florida Department of State Annual Report form. 6/10/2022

Mark Germanian

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.

Mark Germagian-President



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

GATEVIEW TECHNOLOGIES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 13th day of August, 2018, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

Pii 4: 18





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of June, 2022.

Elaine I Marshall

Secretary of State