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Date: July 15, 20	22	Account#: 1200000000					
Name: KEN							
Reference #: 174	10438						
Intity Name:GGSA1, INC.							
✓ Articles of Incorporatio	n/Authorization to Trans	act Business					
Amendment							
Change of Agent		ISSUES? CALL					
Reinstatement		KEN:					
Conversion		518-213-0738					
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COVER LETTER

TO:	Registration Section Division of Corporations			
(1) T. T. T. T. T.	GGSA1, Inc.			
SUBJI		of corporation - n	nust include suffix	
Dear Si	ir or Madam:			
"Certif	closed "Application by Foreign Co icate of Existence." or "Certificate referenced foreign corporation to to	of Good Standin	g" and check are subm	
Please	return all correspondence concerni Fred	ing this matter to Idy Galvis	the following:	
	-	Name of Perso	n	
		GGSA	1, Inc.	
		Firm/Compar 15852 Southwes		
		A Weston FL	address 33326	
-		City/State ar	nd Zip code	
		jkrant@adeptu	scpas.com	
	E-mail address	one: (to be used for i	uture annual report not	ification)
For fur	ther information concerning this m	natter, please call:		
	Freddy Galvis	at ()	745-8800	
	Name of Person	Area Code	Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
Please n	ed is a check for the following amonake check payable to: FLORIDA D I.00 Filing Fee	EPARTMENT OF g Fee & □ 図 \$1		S87.50 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. GGSA1, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable) 07/13/2022 (Date of duration, if other than perpetual) _____ 5. ____ (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 15852 Southwest 15th Street, Weston, FL 33326 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable) Freddy Galvis Name: 15852 Southwest 15th Street Office Address: Weston (City) 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.

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.

(Registered agent's signature)

A. DIRECTORS Freddy Galvis □ Chairman Name: □Chairman Name: _____ 15852 Southwest 15th Street ☐ Vice Chairman Address: □Vice Chairman Address: Weston FL 33326 □Director □ Director **⊠**President □President □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 _____ □ 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 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.

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.

Freddy Galvis, President

13. _

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GGSA1, 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 FIFTEENTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GGSA1, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF JULY, A.D. 2022.

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

6909893 8300

Authentication: 203927807

Date: 07-15-22