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(((H22000243309 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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FOREIGN PROFIT/NONPROFIT CORPORATION MEANINGFUL GIGS INC.

Certificate of Status	1
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COVER LETTER

TO:	Registration Sec Division of Corp			
SHRJ	ECT:	MEANINGF	UL GIGS INC.	
ОСБ		Name of corporat	on - must include suffix	
Dear S	iir or Madam;			
"Certi	ficate of Existence		or Authorization to Transact Business in tanding" and check are submitted to registiness in Florida.	
Please	return all correspo	ondence concerning this ma	ter to the following:	
LOVE	TTE DOBSON			
		Name	of Person	·—-
		Firm/C	ompany	
17350	STATE HWY 249	#220		
		Ac	dress	
HOUS	TON, TX 77064			
		City/Stat	e and Zip code	
EFILE	1234@INCFILE.CO			
		E-mail address; (to be use	d for future annual report notification)	
For fu	rther information of	concerning this matter, plea	e call:	
LOVE	TTE DOBSON	at (¹	ode Daytime Telephone Number	
	Name of Persor	n Area C	ode Daytime Telephone Number	
	Registration Sec Division of Corp The Centre of T	porations allahassee Street, Suite 810	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314	
Please	sed is a check for t make check payabk 0.00 Filing Fee	the following amount: to: FLORIDA DEPARTMF S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 I	ate of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (((H22000243309 3

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.

MEANINGFUI	. GIGS INC.			
	corporation; must include "INCORPORATED," Corp.," "Inc.," "Co.," or "Corp.")	"COMPANY," "CORPORATIO	", М	
/If name amount	able in Florida, enter alternate corporate name a	donard for the purpose of transcet	ing has inecc in Florida	
Dolaneare	ane iii Fiorma, emer anemate corporate name a	sopied for the purpose or transact.	ing ousaicss in Frontia,	
2. (State of county	y under the law of which it is incorporated)	(b)-t number if a	annicable)	
01/13/2019	•	erpetual		
4. (Date	of incorporation) 5.	(Date of duration, if other	r than perpetual)	
6.				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		lire)	
_ 1975 Water Ridg	e Dr., Watson, FL 33326	2, 1,5%, to determine penalty mass	,,	
/				
			2022 JUL	
*****	(Current mailing	address, if different)		
			19 PM 12: 01	
8. Name and stre	et address of Florida registered agent: (P.O.	•	PM 12: 01	
Name:	LEGALING CORPORATE SERVICES INC		2:0	
Office Address:	5237 SUMMERLIN COMMONS, SUITE 40	X) 	P (*) =	
	FORT MYERS	, Florida ³³⁹⁰⁷		
	(City)	(Zip code)		
9 Registered ag	ent's acceptance:			
Having been nan	ned as registered agent and to accept servic	e of process for the above state	ed corporation at the pla	
	s application, I hereby accept the appointme comply with the provisions of all statutes re			
	r with and accept the obligations of my pos		1 3	
	(1)oalon ?	Dolan		
_	(Registered agent's sig	(nature)		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application 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				(((122000243303
□Chairman	Vitaly Coleman Name:	□Chairman □Vice Chairman □Director	Name: Max Farago 1975 Water Ridge Dr. Address: Watson, F1, 33326	
□Vice Chairman	Address:			
Director	Weston, Fl. 33326			
President		□President		
□ Vice President		□ Vice President		
☐ Secretary	□Treasurer	□ Secretary		■ Treasurer
∐Other	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Other		Other
Elent	Stephanie Nachemja-Bunton	□Chairman	Name:	
□ Chairman	Name:			
□Vice Chairman	Address:		Address:	
Director		□ Director	-···	
□President		□President		
□Vice President		□Vice President		_···
■ Secretary	Treasurer	□Secretary		☐ freasurer
□Other	Other	□Other		Other
∐ Chairman	Name:	□ Chairman	Name:	
	Address:	□ Vice Chairman	Address.	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
	□Treasurer	Secretary		Treasure:
Other	Other	□Other		□Other
Important Notice:	Use an attachment to report more than six (6). The a cadded to the index when filing your Florida Depar	attachment will be image tinent of State Annual R	ed for reporting eport form.	purposes only. Non-inc
	Signature of Direct	⊋at. ⁄a n		
The officer or dire she is aware that fi s.817.155, F.S.	ctor signing this document (and who is listed in numalse information submitted in a document to the Dep	nber 11 above) affirms ti	hat the facts stat utes a third degr	ed herein are true and t ee felony as provided t
	Vitaly Coleman -	President		
	(Typed or printed name and capacity of p	erson signing application	n)	



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MEANINGFUL GIGS 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 TWELFTH DAY OF JULY, 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 "MEANINGFUL GIGS INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2019.

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

723**72**64 8300 SR# 20222968717

You may verify this certificate online at corp delaware.gov/authver shtml

Authentication: 203896944

Date: 07-12-22