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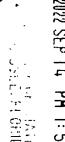
(Requestor's Name)						
(Address)						
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PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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### **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
SUBJ	IECT: FIRST GOODS SERVI	CE CORP				
		ime of corporation	- must include suffix			
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certificate of Existence," or "Certification referenced foreign corporation	cate of Good Stan	ding" and check are sub	et Business in Florida," mitted to register the		
Please	return all correspondence conc	cerning this matter	to the following:			
		DOMENICO LA	MORGIA			
		Name of	Person			
		SELECTA CONSUI	TING FIRM LLC			
		Firm/Com	pany			
		14261 SW 120th St.	Ste 108-2000			
		Addre	ess			
	•	Miami, Flo	rida. 33186			
	<u> </u>	City/State a	nd Zip code			
		admin@selecta	consulting.com			
	E-mail add	lress: (to be used f	or future annual report r	otification)		
For fu	rther information concerning th	is matter, please c	all:			
DOME	ENICO LA MORGIA	at (	838-7940			
	Name of Person	Area Code	e Daytime Telepl	none Number		
Enclos	STREET/COURIER ADDI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303 sed is a check for the following	810	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7		
Please	make check payable to: FLORID.  0.00 Filing Fee  \$78,751	A DEPARTMENT	OF STATE  3 \$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. FIRST GOOD	DS SERVICE CORP			
(Enter name of c	corporation; must include "INCORPORATED," Corp.," "Inc.," "Co.," or "Corp.")	" "COMPANY," "CORPORATIO	N,"	
FIRSTFL GC	OODS SERVICE CORP			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacti	ng business in Florida)	
2. Wyoming	3.	88-3921841		
	ry under the law of which it is incorporated)			
4. 08/24/2022	5.			
(Date	e of incorporation)	(Date of duration, if other than perpetual)		
6.				
7. 30 N Gould S	(Date first transacted business in (SEE SECTIONS 607,1501 & 607,15 st, Ste N, Sheridan, Wyoming, 82801	n Florida, if prior to registration) 502, F.S., to determine penalty liabil	lity)	
	(Principal offi	pal office street address)		
14261 SW 12	0th St. Ste 108-2000, Miami, Forida, 33186		SER	
	(Current mailin	g address, if different)	14 PH	
8. Name and stree	et address of Florida registered agent: (P.C	). Box <u>NOT</u> acceptable)	<u> </u>	
Name:	SELECTA CONSULTING FIRM LLC		1. 56 1. 1: 56	
Office Address:	14261 SW 120th St, Ste 108-2000		<b>;</b> ·	
	Miami	, Florida 33186		
	(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.

SELECTA CONSULTING FIRM LLC
(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.

#### A. DIRECTORS Name: ANAYLID SANCHEZ □ Chairman □ Chairman 7275 SW 90TH WAY □Vice Chairman Address: □Vice Chairman Address: MIAMI, FLORIDA, 33156 □Director ☐ Director ■President □President □Vice President \_\_\_\_\_ □ Vice President ☐ Secretary ☐Treasurer □ Secretary □Treasurer □Other \_\_\_\_ Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ ROSALBI LARA □ Chairman □ Chairman Name: 7275 SW 90TH WAY □ Vice Chairman Address: \_ ☐Vice Chairman Address: \_\_\_\_\_ MIAMI, FLORIDA, 33156 □ Director Director □President □President □Vice President ☐ Vice President **■**Secretary □Treasurer □ Secretary ☐Treasurer □Other \_\_\_\_\_ □Other □Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: DOMENICO LA MORGIA ☐ Chairman □ Chairman 7275 SW 90TH WAY □Vice Chairman Address: □Vice Chairman Address: MIAMI, FLORIDA, 33156 □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 Lirector 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. DOMENICO LA MORGIA **TREASURER**

### STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### FIRST GOODS SERVICE CORP

is a

### **Profit Corporation**

formed or qualified under the laws of Wyoming did on **August 24**, **2022**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2022-001152003**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of August, 2022 at 3:38 PM. This certificate is assigned ID Number 054665419.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.

## STATE OF WYOMING \* SECRETARY OF STATE EDWARD A. BUCHANAN BUSINESS DIVISION

Herschler Bldg East, Ste.100 & 101, Cheyenne, WY 82002-0020 Phone 307-777-7311 Website: https://sos.wyo.gov · Email: business@wyo.gov

### Validation of Certificate of Good Standing for Certificate Issued 08/24/2022

Validation Certificate Generated: September 11, 2022

Certificate number 054665419 is a valid number for a certificate of good standing issued by the Wyoming Secretary of State's office for **FIRST GOODS SERVICE CORP**, a **Profit Corporation** formed or qualified under the laws of Wyoming on **08/24/2022**.