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S. FRANKLIN SFP 2 1 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	GROJP, INC.
Dear Sir or Madam:	nust metude satrix
The enclosed "Application by Foreign Corporation for Aut "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	g" and check are submitted to register the
Please return all correspondence concerning this matter to t	_
DAVID TERK Name of Pers	/
Name of Pers	son
EFT CAPITAL Firm/Compan	6250
Firm/Compan	у 22
9572 ENEN 200 Address	-CT
Address	5
DELARY BEACH City/State and Z DTERK DEI CAPI E-mail address: (to be used for the	FL 33446 == TAC. COM ==
City/State and Z	lip code = = = = = = = = = = = = = = = = = = =
DTERK DEILCAPI	TAC, COM =
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please call:	
Name of Person Area Code	463-9620
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
and the second s	STATE 8.75 Filing Fee & XL S87.50 Filing Fee, ertified Copy Certified Copy Continued 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. (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) 2. Georga 3. J6-1817448

(State or country under the law of which it is incorporated)

4. U1112055

(Date of incorporation)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, r.s., to determine)

7. 9572 EDEN ROC CT Delray Bch Fl 33446

(Current mailing address, if different) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) DXJO TERIK

9572 EDEN DOC CT

Dankt Beach Florida 33446

(City) (Zip code) Name: Office Address: 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.

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

under the law of which it is incorporated.

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

A. DIRECTORS				
	Name: MANESH PATEL	□Chairman	Name:	
□Vice Chairman	Address: 10187 CAVALCADE	□Vice Chairman	Address:	
□Director (prive	□Director		
APresident	FRESCO TX 75035	□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer
□Other	Other	□Other	 -	□Other
	Name: DAVID TERK Address: 9572 ENEN NOC. CT	□Chairman □Vice Chairman		
Director NE	LANT BEACH FL 3344			
□President		□President		
□Vice President		□Vice President		
☐ Secretary	Freusurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other <u> </u>
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□ Director _		□Director		
□ Director				
□ President _		□Director		i:
□ President _	· · · · · · · · · · · · · · · · · · ·	□Director □President		☐Treasurer
□ President □ Vice President □	□Treasurer	□Director □President □Vice President		
□ President □ Vice President □ Secretary □ Other Important Notice: U	□Treasurer □Other se an attachment to report more than six (6). The attachded to the index when filing your Florida Departmen	□Director □President □Vice President □Secretary □Other □hment will be imaged	Lior reporting to	□Treasurer □Other
□ President □ Vice President □ Secretary □ Other □ Important Notice: U individuals may be a 12. □ The officer or directer	Treasurer Other se an attachment to report more than six (6). The attachded to the index when filing your Florida Department Signature of Director or or signing this document (and who is listed in number se information submitted in a document to the Department of the Department o	□ Director □ President □ Vice President □ Secretary □ Other □ himent will be imaged abof State Annual Re Officer □ 11 above) affirms that annual of State constitution	I for reporting purport form. If the facts stated tes a third degree	□Treasurer □Other urposes only, Non-indexed I herein are true and that he ore telony as provided for in
□ President □ Vice President □ Secretary □ Other □ Important Notice: U individuals may be a 12. □ The officer or direct she is aware that false	Treasurer Other se an attachment to report more than six (6). The attachded to the index when filing your Florida Department Signature of Director or or signing this document (and who is listed in number	Director President Vice President Secretary Other himent will be imaged to State Annual Resident Officer H above) affirms the ment of State constitute	I for reporting puport form. If the facts stated tes a third degree	□Treasurer □Other urposes only, Non-indexed I herein are true and that he ore telony as provided for in

Control Number 08006730

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

E I I CAPITAL GROUP, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number . 23608948 Date Inc/Auth/Filed: 01/24/2008

Jurisdiction

Georgia

Print Date : 08/10/2022 Form Number : 211



Brad Raffensperge.

Brad Raffensperger Secretary of State