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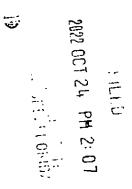
(Requestor's Name)				
(Address)				
(A	ddress)	· · · · · · · · · · · · · · · · · · ·		
(C	ity/State/Zip/Phone #	<i>F</i>)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name	s)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
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T. LEMIEUX NOV 08 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: GOIS CLEANING S	OLUTIONS, INC.		
Sobole I.	Name of corporation	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by For "Certificate of Existence," or "Cerabove referenced foreign corporat	rtificate of Good Stand	ing" and check are submi	
Please return all correspondence c	oncerning this matter t	o the following:	
NELIA R SANTOS			
	Name of P	erson	
PRO TAX HOUSE INC			
	Firm/Comp	any	
396 MYSTIC AVE			
	Addres	SS	
SOMERVILLE, MA, 02145			
· · · · · · · · · · · · · · · · · · ·	City/State an	d Zip code	
contact@protaxhouse.com			
E-mail	address: (to be used fo	r future annual report not	ification)
For further information concerning	g this matter, please ca	H:	
NELIA R SANTOS	at (591-2111	
Name of Person	Area Code	Daytime Telephor	ne Number
STREET/COURIER AD Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassec, FL	tion orations
	IIDA DEPARTMENT (■ \$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.

(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting busin	ness in Florida)	
MASSACHUS	ETTS 3	83-2595272		
(State or count) 11/22/2018	ry under the law of which it is incorporated)	(PEI number, if applicable)		
(Date	of incorporation)	(Date of duration, if other than po	(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability)		
520 MAIN ST, A	PT 1802, MALDEN, MA, 02148			
	(Principal offic	e <u>street</u> address)		
	(Current mailing	gaddress, if different)	262	
Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2022 OCT	
Name:	ANA MARIA RUFINO DE GOIS	<u></u> ,	7 24	
	1825 S KIRKMAN ROAD. APT 1218		24 PH	
ffice Address:		32811	2: 01	
ffice Address:	ORLANDO	Florida		

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

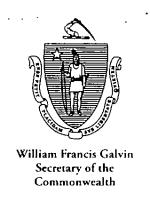
under the law of which it is incorporated.

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	and the second					
□Chairman	Name: ANA MARIA RUFINO DE GOIS	□ Chairman	Name: ANA MARIA RUFINO DE GOIS			
□Vice Chairman	Address:	□Vice Chairman	Address: 1825 S KIRKMAN ROAD			
□Director	APT 1218, ORLANDO, FL, 32811	□Director	APT 1218, ORLANDO, FL, 32811			
President		□President				
□Vice President		□Vice President				
□Secretary	Treasurer	□Secretary	■ Treasurer			
Other	□Other	Other	□Other			
□Chairman □Vice Chairman ■Director	ANA MARIA RUFINO DE GOIS Name: 1825 S KIRKMAN ROAD Address: APT 1218, ORLANDO, FL, 32811	□ Chairman □ Vice Chairman	Name:			
□President		□Director □President				
		□ Vice President				
☐ Secretary	□Treasurer	Secretary	□Treasurer			
□Other	Other	Other	Other			
□Vice Chairman	Name: ANA MARIA RUFINO DE GOIS Address: 1825 S KIRKMAN ROAD APT 1218, ORLANDO, FL, 32811	□Chairman □Vice Chairman	Name:Address:			
□Director	74 7 1210, 010 1100, 12, 02011	Director				
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	□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. 12. Signature of Director or Office.						

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.

, ANA MARIA RUFINO DE GOIS



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

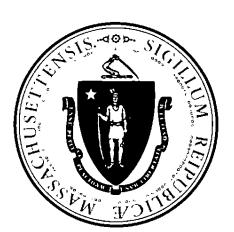
Date: October 19, 2022

To Whom It May Concern:

I hereby certify that according to the records of this office.

GOIS CLEANING SOLUTIONS, INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Tranino Galicin

Certificate Number: 22100349050

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: Nma