

F 23000000230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

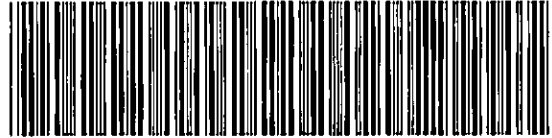
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500399003325

REC'D 10 - 1 - 13

2023 JAN 13 AM 3:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

S. FRANKLIN

JAN 17 2023

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 352015 7267768

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : January 13, 2023

ORDER TIME : 2:26 PM

ORDER NO. : 352015-005

CUSTOMER NO: 7267768

FOREIGN FILINGS

NAME: LOST SUNDAYS TECHNOLOGIES  
CORPORATION

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOST SUNDAYS TECHNOLOGIES CORPORATION

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Paul Steven Kubler

_____ Name of Person	_____
LOST SUNDAYS TECHNOLOGIES CORPORATION	_____
_____ Firm/Company	_____
604 Banyan Trail #812698	_____
_____ Address	_____
Boca Raton, FL 33481	_____
_____ City/State and Zip code	_____
paul@glassportal.io	_____
_____ E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Joseph Mignone	646	414-6792
_____ Name of Person	_____ Area Code	_____ Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>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.*

LOST SUNDAYS TECHNOLOGIES CORPORATION

1. \_\_\_\_\_  
(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. Delaware 3. 92-1403746  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/28/2022 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. Upon filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 604 Banyan Trail #812698, Boca Raton, FL 33481  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee 32301  
(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.*

Corporation Service Company

By:

  
Assistant Vice President

(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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Paul Steven Kubler

Address: 604 Banyan Trail #812698, Boca Raton, FL 33481

Vice Chairman: Randolph Joseph Gingeleski

Address: 604 Banyan Trail #812698, Boca Raton, FL 33481

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: Randolph Joseph Gingeleski

Address: 604 Banyan Trail #812698, Boca Raton, FL 33481

Vice President: Randolph Joseph Gingeleski

Address: 604 Banyan Trail #812698, Boca Raton, FL 33481

Secretary: Randolph Joseph Gingeleski

Address: 604 Banyan Trail #812698, Boca Raton, FL 33481

Treasurer: Paul Steven Kubler

Address: 604 Banyan Trail #812698, Boca Raton, FL 33481

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. 

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.

13. Paul Steven Kubler, CEO

(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

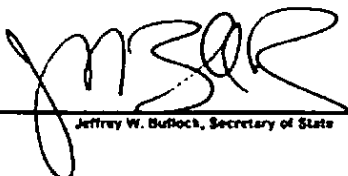
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOST SUNDAYS TECHNOLOGIES CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOST SUNDAYS TECHNOLOGIES CORPORATION" WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF SEPTEMBER, A.D. 2022.

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

2023 01 13 14:00



  
Jeffrey W. Bullock, Secretary of State

7056323 8300

SR# 20230134268

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202494509

Date: 01-13-23