F2-3000000730

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Na	me)
(De	ocument Number)
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	4
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJI	ECT:	Guestbook Rewards, Inc.			
0020		Name c	of corporation	- must include suffix	 -
Dear S	ir or M	adam:			
"Certif	icate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Star	iding" and check are sub	
Please	return :	all correspondence concerni	ng this matter	to the following:	
James C	Jancos				
			Name of	Person	· ·
Guestbo	iok Rev	vards, Inc.			
			Firm/Con	ipany	۲ ,
10785 V	V. Twa	in Ave. Ste. 100			
			Addr	ess	
Las Veg	gas, NV	89135			
			City/State a	nd Zip code	
		E-mail address:	(to be used	for future annual report r	notification)
For fur	ther inf	ormation concerning this ma	itter, please c	call:	
James C	nes Gancos 323 538-(XXX)2				
	Name	e of Person	Area Cod	a Code Daytime Telephone Number	
	Regist Divisi The C 2415 I	CET/COURIER ADDRESS tration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 bassee, FL 32303	S:	MAILING A Registration S Division of Co P.O. Box 6321 Tallahassee, F	ection orporations 7
	nake ch	check for the following amo eck payable to: FLORIDA DE ng Fee	PARTMENT Fee &	OF STATE S78.75 Filing Fee & 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.

Guestbook Rew	rards, Inc.			
	corporation; must include "INCORPORATE forp." "Inc." "Co," or "Corp.")	ED,"	"COMPANY," "CORPORATION."	
(If name unavail	able in Florida, enter alternate corporate nar	ne ad	opted for the purpose of transacting business i	n Florida)
Delaware 2.	ry under the law of which it is incorporated)	3. 4	6-4163498	
(State or count) 4.				
	(Date of incorporation)		(Date of duration, if other than perpetual)	
6.				
			lorida, if prior to registration) 2, F.S., to determine penalty liability)	; ;
7		office	street address)	
	(**************************************		<u></u>	, ,
·	(Current ma	iling	address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	
Name:	Florida Registered Agent LLC			
Office Address:	7901 4th St N STE 300		<u> </u>	
	St. Petersburg		, Florida 33702	
	(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.

(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.

Ovice Chairman Address: Ovice Chairman Address: Ovice Chairman Address: Ovice President Ovice Ovice President Ovice Ovi	A. DIRECTORS			
Director	Chairman	James Gancos Name:	□Chairman	Name:
President	□Vice Chairman	Address:	□ Vice Chairman	Address:
President	☑Director	Suite 100	☑Director	
Secretary	President		□President	
Other	□Vice President		□Vice President	
Chairman Name:	■ Secretary	Treasurer	☐ Secretary	□Treasurer
Okley Utah 84055 Okley Utah 84055 Okley Utah 84055 Okley Utah 84055 Okley	□Other	Other	□Other	Other
Director		Name: Steven Wheelwright P.O. Box 662		Name:
Director Director President Presid	□Vice Chairman		□Vice Chairman	Address:
□Vice President □Vice President □Secretary □Treasurer □Other □Other □Chairman Name: □Vice Chairman Address: □Director □Director □President □Vice President □Vice President □Vice President □Other □Other □Other □Other □Other □Other □Other □Other □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-ind	☑Director		□Director	
Secretary	□President		□President	
Chairman Name: Chai	□Vice President		□Vice President	
□Chairman Name: □ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □Director □ Director □President □ President □Vice President □ Vice President □Secretary □ Treasurer □Other □ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-ind	□Secretary	□Treasurer	☐Secretary	
□ Vice Chairman Address:	Other	Other	□Other	□Other
□ Vice Chairman Address:				1
□ Vice Chairman Address:	□Chairman	Name:	□Chairman	Name:
□ President □ President □ Vice President □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □	□Vice Chairman	Address:		
□ Vice President □ Vice President □ Secretary □ Treasurer □ Other □ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-ind	□Director		□Director	
□ Secretary □ Treasurer □ Secretary □ Treasurer □ Other □ □ □ Other □ Ot	□President		□President	
☐Other ☐	□Vice President		□Vice President	
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-ind	☐Secretary	□Treasurer	Secretary	□Treasurer
	□Other		□Other	□Other
12.	individuals may be	added to the index when filing your Florida Departm	ment of State Annual Re	
Signature of Director or Officer		Signature of Director	r 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 of 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.

James Gancos, CEO & Founder

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GUESTBOOK REWARDS, 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 TWENTY-SECOND DAY OF DECEMBER, A.D.

2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

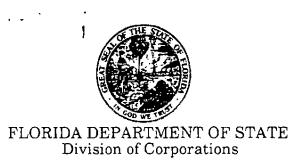
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GUESTBOOK REWARDS, INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2013.

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



Authentication: 205173366

Date: 12-22-22



January 22, 2023

JAMES GANCOS 10785 W TWAIN AVE STE 100 LAS VEGAS, NV 89135 US

SUBJECT: GUESTBOOK REWARDS, INC.

Ref. Number: W23000007097

We have received your document for GUESTBOOK REWARDS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 723A00001538