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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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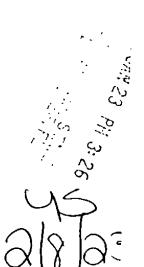


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01/24/23--01003--033 **;



. 1 20,44



COVER LETTER

Division of Corporations					
SUBJECT: GCS RECRUITMENT SPEC	IALISTS INC.				
	of corporation -	- must include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreign Co "Certificate of Existence," or "Certificate above referenced foreign corporation to tr	of Good Stand	ling" and check are submitt			.,
Please return all correspondence concerning this matter to the following:			207		
SUNEIL KALANTRY			. ;	73 J	a mys
Name of Person KALANTRY LLP		erson	: .	# 23	
	Firm/Comp	bany	. 1 .	====	1.2
7026 GROTON STREET	·	·	. No.	ယ္	A STATES
	Addres			2	
FOREST HILLS, NY 11375					
	City/State an	d Zip code			
office@kalantryllp.com					
E-mail address	: (to be used fo	or future annual report notif	ication)		
For further information concerning this m	atter, please ca	ill:			
SUNEIL KALANTRY	718 at (5442772 EXT 203			
Name of Person	Area Code	Daytime Telephone	e Number		
STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Taliahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations		
Enclosed is a check for the following amore Please make check payable to: FLORIDA DE \$70.00 Filing Fee \$78.75 Filing Certificate of the following amore Please make check payable to: FLORIDA DE \$78.75 Filing Certificate of the following amore Please make check payable to: FLORIDA DE \$70.00 Filing Fee \$1.00 Section 1.00 Section 1.	EPARTMENT g Fee & ==		387.50 F Certifica Certifiec	ite of St	

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.

GCS RECRUIT	MENT SPECIALISTS INC.		
	orporation; must include "INCORPORATED." "Cop." "Inc." "Co." or "Corp.")	COMPANY," "CORPORATI	ON,"
(If name unavail	able in Florida, enter alternate corporate name adop	pted for the purpose of transac	ting business in Florida)
NEW YORK	·	, .	•
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)
03/31/2015			
(Date	of incorporation) 5.	(Date of duration, if other	er than perpetual)
01/01/2023	• ,		, ,
·	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.	orida, if prior to registration) F.S., to determine penalty liab	oility)
385 5th Avenue,	New York, NY 10016	,	207
·	(Principal office <u>s</u>	treet address)	52 6
	(Current mailing ac	ldress, if different)	<u>ω</u> 1
3. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. B JASON BOWLER	ox <u>NOT</u> acceptable)	PH 3: 26
Office Address:	450 S ORANGE AVE	_	
	ORLANDO	Florida	
	(City)	(Zip code)	
Having been nam lesignated in this further agree to c	ent's acceptance: led as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relate with and accept the obligations of my position.	t as registered agent and agive to the proper and comp	gree to act in this cap
_	(Registered agent's signa	ture)	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applic the Department of State, by the Secretary of State or other official having custody of corporate records in the juris under the law of which it is incorporated.

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

A. DIRECTORS			
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address: 5TH FL, 4 COLEMAN ST	□Vice Chairman	Address:
□Director	LONDON, EC2R 5AR, UK	Director	WINDERMERE, FL 34786
President		□President	
□Vice President		■ Vice President	
☐ Secretary	□Treasurer	□Secretary	□Treasurer
□Other	Other	□Other	Other
□Chairman □Vice Chairman	Name: ALISON COATES-HOWARD 5TH FL, 4 COLEMAN ST	□Chairman □Vice Chairman	Name:Address:
Director	LONDON, EC2R 5AR, UK	□ Director	
□President		□President	
		□Vice President	
Secretary	□Treasurer		□Treasurer
-		□Secretary	
□Other	Other	□Other	Other
□ Chairman	Name:	□Chairman	Name:
□ Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		☐ Vice President	
□Secretary	□Treasurer	☐ Secretary	☐ Tecasurer ☐
□Other	Other	□Other	' ' 众
individuals may be	Use an attachment to report more than six (6). The added to the index when filing your Florida Department of Director signing this document (and who is listed in number of the signing this document).	artment of State Annual Re	eport form.
she is aware that fa s.817.155, F.S.	alse information submitted in a document to the D		
13. JASON BOV	WLER, VICE PRESIDENT		

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the required by law to be filed in my office, do hereby certify that upon a diligent examination of the recor Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: GCS RECRUITMENT SPECIALISTS INC.

DOS ID Number: 4734768

DOMESTIC BUSINESS CORPORATION **Entity Type:**

Entity Status: EXISTING

Date of Initial Filing with DOS: 03/31/2015

Statement Status: CURRENT

Statement Due Date: 03/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION

Date of Filing: 03/31/2015

Entity Name: GCS RECRUITMENT SPECIALISTS INC.

Document Type: BIENNIAL STATEMENT

Date of Filing: 03/31/2017 Effective Date: 03/01/2017

Document Type: BIENNIAL STATEMENT

Date of Filing: 05/17/2019 Effective Date: 03/01/2019

Document Type:

BIENNIAL STATEMENT

Date of Filing:

09/29/2021

No information is available from this office regarding the financial condition, business activity or practices of thi



WITNESS my hand and official seal of the Depai of State, at the City of Albany, on January 10, 20 03:26 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heyla

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002773259 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov