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S. ROBERTS FEB 1 7 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gutter Tex Incorporated	
	n - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Star above referenced foreign corporation to transact business."	nding" and check are submitted to register the
Please return all correspondence concerning this matte	r to the following:
Paulo Costa Do Cruz Ribeiro	
Name of	Person
Gutter Tex Incorporated	
Firm/Con	npany
8142 Metto Rd	
Addr	ess
Jacksonville, FL 32244	
City/State a	and Zip code
chelseyr180@gmail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please of	call:
Paulo & Chelses Ribeiro 903	736-8514
Name of Person Area Cod	e 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
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT \$70.00 Filing Fee \$\sqrt{S78.75 Filing Fee & Certificate of Status}\$	OF STATE S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

"Inc.," "Co.," "Corp," "Inc," "Co," or "Co	тр.")	COMPANY," "CORPORATION	·,	
GutterTex				
(If name unavailable in Florida, enter alte	mate corporate name ado	pted for the purpose of transacting	g business in Florida)	
Texas	3 88-			
Texas (State or country under the law of which	it is incorporated)	(FEI number, if app	plicable)	
14 10 2022				
(Date of incorporation)		(Date of duration, if other t	han perpetual)	
(Date first	transacted business in Flo	orida, if prior to registration) F.S., to determine penalty liabilit		
8142 Metto Rd, Jacksonville Fl 32244	15 007.1301 & 607.1302,	F.S., to determine penalty liabilit	y)	
or 12 Meno Rd. Jackson Mile 11 52244	(Dain 1 - 1 - 02			
	(Principal office si	(reet address)		
	(Current mailing ad	draws if different		
	(Cartin maning ac	aress, it different)		
Name and street address of Florida reg	gistered agent: (P.O. Be	ox NOT acceptable)		
^		,	202	
Nome: [AJICA / K				
Name: Melsey K	a i	_	- 6.3	
Chia an il	o Road	-	· 周	
fice Address: 8142 MC++	o Road	- - Florida 32744	2023 FE ? 17	
ffice Address: 8142 McH	o Road	- . Florida 32244 (Zip code)		
ffice Address: 8142 Mc++ Jacksonville (C)	o Road	. Florida 32244 (Zip code)		
ffice Address: 8142 MC++ JUCKSONVIIIe (C) Registered agent's acceptance:	o Road F ity)	(Zip code)	f;; 2: t	
Fice Address: SITE MCHA JUCKSONVILLE (Converse of the control of	ity) and to accept service of	(Zip code) f process for the above stated as registered agent and agree	corporation at the pla	
Fice Address: SITZ MCHA JUCKSONVILLE (Convince to the second of the se	ity) and to accept service of accept the appointment ons of all statutes relati	(Zip code) f process for the above stated as registered agent and agree we to the proper and complete	corporation at the pla	
Tice Address: SHA MCHA JUCKSONVILLE (Convince of the control of	ity) and to accept service of accept the appointment ons of all statutes relationing to the appointment of all statutes of my positions.	(Zip code) f process for the above stated as registered agent and agree we to the proper and complete as registered agent.	corporation at the pla	
Registered agent's acceptance: aving been named as registered agent as signated in this application, I hereby a orther agree to comply with the provision of I am familiar with and accept the ob	ity) and to accept service of accept the appointment ons of all statutes relationing to the appointment of all statutes of my positions.	(Zip code) f process for the above stated as registered agent and agree we to the proper and complete as registered agent.	corporation at the pla	
ffice Address: SYL MCHA CONVINE Registered agent's acceptance: aving been named as registered agent of signated in this application, I hereby a rther agree to comply with the provision and I am familiar with and accept the ob-	ity) and to accept service of accept the appointment ons of all statutes relati	(Zip code) f process for the above stated as registered agent and agree we to the proper and complete n as registered agent.	corporation at the pla	

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{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: Paulo Costa DoCruz Ribeiro	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
■ Director	Jacksonville, FL 32244	□Director		
■ President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		□Other
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Chelses Ribeiro Name: 8142 Metto Rd Address: Jacksonville FL 32244 Treasurer Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Address:	□Treasurer
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	☐ Secretary		☐Treasurer
□Other	□Other	Other		Other
The officer or direct	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep Signature of Director signing this document (and who is listed in recognitions).	partment of State Annual Resector or Officer	port form.	ted herein are true and that he or
she is aware that fa s.817.155, F.S.	Ise information submitted in a document to the I	· .	tes a third deg	ree lelony as provided for in

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Gutter Tex Incorporated (file number 804575236), a Domestic For-Profit Corporation, was filed in this office on May 19, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 04, 2023.



Jose A. Esparza
Deputy Secretary of State

TID: 10264

Dial: 7-1-1 for Relay Services Document: 1209990980002