F23000001147

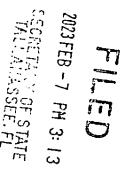
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Durings Takk Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100402086871

02/07/23--01025--002 **78.75





COVER LETTER

~	tion Section of Corporation	ons					
SUBJECT: G	OLD SUGAR						
		Name of corpora	tion - m	ast include suffix			
Dear Sir or Mada	am:						
"Certificate of E	xistence," or	Foreign Corporation Certificate of Good ! oration to transact bu	Standing	" and check are subn			
Please return all	corresponden	ce concerning this ma	itter to tl	ne following:			
VINCENT ALLA	RD						
		Name	of Pers	on	70Z3		
CORPOMAX IN	C.						
	-	Firm/0	Company	· V		3	
2915 OGLETOW	N RD				် တို့ <u>P</u>	9 6 7	
		Λ	ddress		EE, F		
NEWARK, DE 1	9713					, a	
		City/Sta	te and Z	ip code			
INFO@CORPON							
	E-1	nail address: (to be us	ed for fi	iture annual report no	otification)		
For further infor	mation conce	ming this matter, plea	se call:				
VINCENT ALLARD at (302) -) 266-8200			
Name o	f Person	Area	Code	Daytime Teleph	one 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 che Please make check ☐ \$70.00 Filing	t payable to: Fl Fee 📕 S	lowing amount: LORIDA DEPARTMI 78.75 Filing Fee & Lertificate of Status	□ \$7	STATE 8.75 Filing Fee & rtified Copy	S87.50 Filir Certificate Certified C	of Status &	

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.

COLD SHOAD DUSUING

under the law of which it is incorporated.

(11 hame unavana	ible in Florida, enter alternate cor	porate name adopte	d for the purpose of transa	cting business in Florida)		
DELAWARE		3				
(State or countr	y under the law of which it is inco	orporated)	(FEI number, i	f applicable)		
SEPTEMBER 7	, 2017					
(Date of incorporation)			5(Date of duration, if other than perpetual)			
12371 IEWEL ST	(SEE SECTIONS 607.15	501 & 607.1502, F.	da, if prior to registration) S., to determine penalty lia	SECONO FI		
123/131411031	ONE LN, FORT MYERS, FL 33	Principal office stre	eet address)			
		. —	_			
	(C	Current mailing addr	ess, if different)			
Name and stree	t address of Florida registered	agent: (P.O. Box	NOT acceptable)	m ω		
Name:	NRAI SERVICES, INC.					
office Address:	1200 SOUTH PINE ISLAND	ROAD				
	PLANTATION		Florida 33324			
	(City)		Florida 33324 (Zip code)			
Registered age	ent's acceptance:					
	ed as registered agent and to a	accept service of	process for the above st	uted corporation at the j		
esignated in this	application, I hereby accept to	he appointment a	s registered agent and a	igree to act in this capac		
urther agree to co nd I am familiar	omply with the provisions of a with and accept the obligation	ll statutes relativ ns of my position	e to the proper and compass registered agent	plete performance of my		
-,	The same accept the congulation	ns of my position	us registeren ugent.			
			Linda Stauffer			
	10.	_	Assistant Secretary			

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

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

A. DIRECTORS Name: MAXIME POULIN □ Chairman □ Chairman Name: _____ Address: 12371 JEWEL STONE LN ☐Vice Chairman □Vice Chairman Address: FORT MYERS, FL 33913, USA Director □Director President President ☐ Vice President _____ ☐ Vice President ■ Secretary Treasurer ☐ Secretary ☐ Treasurer □Other _____ □ Other _____ Other ____ Other _____ □ Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: _____ Address: ☐ Vice Chairman □ Director □ Director □President ☐ President ☐ Vice President □ Vice President ☐ Secretary ☐Treasurer ☐ Secretary Treasurer □Other _____ Other ____ Other ____ □ 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 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.

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.

Signature of Director or Officer

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GOLD SUGAR BUSH 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 SECOND DAY OF FEBRUARY, A.D. 2023.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOLD SUGAR BUSH INC." WAS INCORPORATED ON THE SEVENTH DAY OF SEPTEMBER, A.D. 2017.

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





Authentication: 202630971

Date: 02-02-23

6535692 8300 SR# 20230351414