F23000001591

(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Entit	ty Name)
(Document Nu	mber)
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GENIE



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	03/17/2023				
	Marcel Ogbon	na-Amu			
Reference	#:1937	052			
			ING SOLUTION	S INC.	
_	les of Incorporation	n/Authorization to	o Transact Business		26
Chai	nge of Agent			ANY ISSUES, CA MARCEL:	.LL
☐ Rein	statement			(518) 213 - 0826	
Conv	version			Thank you!	
☐ Merg	ger				
☐ Diss	olution/Withdrawal				
☐ Fictit	tious Name				
✓ Othe	er	CERTIFIED	COPY OF THE FILING	i -	
Authorized	Amount:	\$78.75			
Signature:	d lan cel	t og borner- Amer			

F: 800.944.6607

F: +852.2682.9790

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.

лис., со., согр	Vanguard Parking poration; must include "INCORPORATED," o," "Inc," "Co," or "Corp.")			
If name unavailable	e in Florida, enter alternate corporate name ad	lopted for the pu	rpose of transacting bus	iness in Florida)
	Delaware 3			
(State or country u	nder the law of which it is incorporated) 3.		(FEI number, if applica	ble)
	April 27, 2022 5.			
(Date of	April 27, 2022 5	(Date o	f duration, if other than	perpetual)
	February 1	1, 2023		
	(Date first transacted business in			
	(SEE SECTIONS 607.1501 & 607.150			
	3389 Sheridan St. Box #328.	e street address)		
	(Timolpai cini	<u> </u>		
		11 '61'66		
	(Current mailing	g address, ii diffe	rent)	
				~ 3
Name and <u>street a</u>	ddress of Florida registered agent: (P.O.	Box NOT acc	eptable)	
	Cogency Global Inc.			
Name:	115 North Calhoun Street, Suite 4			-
•	. , . ,			
•				•
•		 , Florida _	32301	
		, Florida _	32301 (Zip code)	· · · · · · · · · · · · · · · · · · ·
ice Address: _	Tallahassee, Florida (City)	, Florida _	32301 (Zip code)	
ce Address: _	Tallahassee, Florida (City)	, Florida _	32301 (Zip code)	
ice Address: - Registered agent ving been named	Tallahassee, Florida (City) 's acceptance: as registered agent and to accept service	e of process fo	r the above stated coi	
ice Address: Registered agent ving been named ignated in this ap	Tallahassee, Florida (City) 's acceptance: as registered agent and to accept service oplication, I hereby accept the appointment	e of process fo ent as registere	r the above stated cor ed agent and agree to	act in this capaci
ice Address: Registered agent ving been named ignated in this ap	Tallahassee, Florida (City) 's acceptance: as registered agent and to accept service oplication, I hereby accept the appointme uply with the provisions of all statutes rel	e of process fo ent as registere ative to the pro	r the above stated cor ed agent and agree to oper and complete pe	act in this capaci
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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.

DocuSign Envelope ID: 5D88D01B-F70C-458B-B548-564C8A9A04D0

A. DIRECTORS Mendy Goldman Chairman Name: _____ Name: ☐ Chairman 3389 Sheridan St. Box #328 ☐ Vice Chairman Address: □ Vice Chairman Address: Hollywood, FL 33021 ☐ Director ■ Director □President President □Vice President □ Vice President □Treasurer ■ Treasurer ☐ Secretary Secretary CEO □Other _____ Other Other □Other _____ □ Chairman Name: ☐ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: _____ □Director □ Director □ President □ President ☐ Vice President __ □ Vice President □Treasurer ☐ Secretary Treasurer □ Secretary □Other _____ □ Other _____ □Other _____ Other ___ Name: ______ □Chairman Name: _____ □ Chairman ☐Vice Chairman Address: □ Vice Chairman Address: □Director □ Director □President ☐ President □ Vice President □Vice President □Treasurer Treasurer ☐ Secretary □ Secretary □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. Mendy Goldman 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. Mendy Goldman, Chief Executive Officer

COVER LETTER

10:	Division of Corporations					
SUBJ	JECT:	Vanguard	Parking Solutions Inc.			
	Name of corporation - must include suffix					
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certificate of Existence," or "Certification referenced foreign corporation	cate of Good Star	Authorization to Transact Business in Floridanding" and check are submitted to register the ess in Florida.	i,"		
Please	return all correspondence conc	erning this matte	r to the following:			
		Mendy G	oldman			
		Name of	Person			
	,	Vanguard Parking	Solutions Inc.			
		Firm/Con	npany			
		3389 Sheridan	St. Box #328			
		Addr	ess			
		Hollywood, i	FL 33021	· :		
		City/State ar	nd Zip code	- :		
		mendy@vangua	ırdparking.co			
	E-mail add	ress: (to be used	for future annual report notification)			
For fu	ther information concerning th	is matter, please (call:			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Mendy Goldman	at (323	706-1984			
	Name of Person	Area Cod	e Daytime Telephone Number			
	STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please r	ed is a check for the following a nake check payable to: FLORIDA .00 Filing Fee	DEPARTMENT	OF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing F Certified Copy Certificate of S Certified Copy	tatus &		



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

DELAWARE, DO HEREBY CERTIFY "VANGUARD PARKING SOLUTIONS 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 SEVENTEENTH DAY OF MARCH,

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 "VANGUARD PARKING SOLUTIONS INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE:

7 11: 1



Authentication: 202943863

Date: 03-17-23

6764005 8300 SR# 20231044913