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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: G.A.S. CAPITAL, INC.			
.,		corporation	- must include suffix	
Dear S	ir or Madam:			
"Certi	nclosed "Application by Foreign Corporate of Existence," or "Certificate of referenced foreign corporation to tran	Good Stanc	ling" and check are submitted	
Please	return all correspondence concerning	this matter	to the following:	APR
MICH	ELLE BURBACH			10
виск	LEY FINE, LLC	Name of F	Person	to register the 2023 APR 10 AM 8
		Firm/Comp	Dany	
201 S.	GROVE AVENUE, 4TH FLOOR			C.
		Addre	SS	
BARR	INGTON, IL 60010			
	(City/State an	d Zip code	
MBUR	BACH@BUCKLEYFINELAW.COM			
	E-mail address: (1	to be used fo	or future annual report notifica	tion)
For fu	rther information concerning this matt	er, please ca	dl:	
MICHELLE BURBACH at		(847	852-1177	
	Name of Person	Area Code	Daytime Telephone N	umber
	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	
Please	sed is a check for the following amount make check payable to: FLORIDA DEPA 0.00 Filing Fee	ARTMENT Fee & □	\$78.75 Filing Fee & Secretified Copy	887.50 Filing Fee, 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.

(11 name unavaii	•		pted for the purpose of transacting busine	.ss in Floriday
LLINOIS 2.		J	3. 36-2685529	
(State or country under the law of which it is incorporated) (FEI number, if applicable))		
4		5	<u> </u>	
(Date	(Date of incorporation)		(Date of duration, if other than per	petual)
5				
			orida, if prior to registration) F.S., to determine penalty liability)	
, 43020 GREENW	AY BOULEVARD, SUITE 344, PUNTA			2023 APR 10
			treet address)	PR
43020 GREENW	/AY BOULEVARD, SUITE 344, PUNTA	GORDA	A, FLORIDA 33982	- 0
	(Current m	ailing ad	dress, if different)	(A)
				·
3. Name and stree	et address of Florida registered agent:	(P.O. B	ox <u>NOT</u> acceptable)	T 6 60
3. Name and <u>stree</u> Name:	et address of Florida registered agent: COGENCY GLOBAL, INC.	(P.O. B	ox <u>NOT</u> acceptable) _	8: 16
Name:			ox <u>NOT</u> acceptable) 	声: —
	COGENCY GLOBAL, INC. 115 N. CALHOUN STREET, SUITE 4		ox <u>NOT</u> acceptable) - . Florida 32301	声: —

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.

Til Duylu. ASSISTANT STOPTANT (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.

A. DIRECTORS			NI WOY DICKINGON			
Chairman	Name: DANIEL O. DICKINSON	Chainnan	Name: NANCY DICKINSON			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Suite 344	■ Director	Suite 344			
Punta Gorda, FL 33982		□President	Punta Gorda, FL 33982			
□Vice President		□Vice President				
Secretary	Treasurer	□ Secretary	☐ Treasure:			
Other	Other	Other	Other			
□ Chairman	Name: POLLY M. CARLTON	□ Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
Director	Suite 344	Director				
□President	Punta Gorda, FL 33982	President				
■Vice President		□Vice President	S			
Secretary	□Treasurer	Secretary	☐Treasurer			
□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	☐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 12. 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.

13. DANIEL O. DICKINSON - PRESIDENT

File Number

4938-966-3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

G.A.S. CAPITAL, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 06, 1969, APPEARS TO HAVE COMPLIED WITH ALLEHE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of **MARCH** A.D.2023

Authentication #: 2308902218 verifiable until 03/30/2024

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE