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T. LEMIEUX

JUN - 3 2023



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Gynzy Inc.				
Name of corporation - m	ust include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	" and check are submitted to register the			
Please return all correspondence concerning this matter to the	ne following:			
Kirke Marsh				
Name of Pers	on			
TABS Inc.				
Firm/Company	y			
228 E. 45th St. Ste. 9E				
Address				
New York, NY 10017				
City/State and Z	ip code			
Governance@tabsinc.com				
E-mail address: (to be used for fu	ture annual report notification)			
For further information concerning this matter, please call:				
Kirke Marsh 347 694-5321				
Name of Person Area Code	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			
~ · · · · · · · · · · · · · · · · · · ·	STATE 3.75 Filing Fee & S87.50 Filing Fee, rtified 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.

	work in a torica, enter antimate corporate name	adopted for the purpose of transa	cting busines	s in Florida)
Delawa	re ,			
	ry under the law of which it is incorporated)	(FEI number, i	f applicable)	
8 Augus	st 2013 _{5.}	Perpetual		
(Date	of incorporation)	(Date of duration, if otl	ier than perpe	etual)
		n Florida, if prior to registration)		
220 E 4	(SEE SECTIONS 607.1501 & 607.15	• •	ibility)	
220 E. 4	5th St. Ste. 9E New You			<u>~2</u>
	(Frincipal offi	ice <u>street</u> address)	Q	2623 t
	(Current maili	ng address, if different)		•
	(Current mailir	ng address. if different)		. 22
Name and stre	(Current mailing) et address of Florida registered agent: (P.C			:>
		D. Box <u>NOT</u> acceptable)		:>
Name:	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)		<i>:</i> >
	Northwest Registered agent: (P.C.) Northwest Registered Agent I 7901 4th St N STE 3	D. Box <u>NOT</u> acceptable)		:>

(Registered agent's signature)

Tye Name

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			
□Chairman	Name: Rutger Peters	□Chairman	Name: Alfred Sengers
□Vice Chairman	228 E. 45th St. Ste. 9E NY NY 10017 Address:	□Vice Chairman	Address: 228 E. 45th St. Ste. 9E NY NY 10017
□Director		□Director	
☑President		□President	· · ·
□Vice President		□Vice President	
Secretary	Treasurer	☐ Secretary	☑Treasurer
□Other	Other	□Other	Other
□Chairman	Name: Jacob Willemsen	□Chairman	Name: Kirke Marsh
□Vice Chairman	Address:	□Vice Chairman	228 E. 45th St. Ste. 9E NY NY 10017 Address:
□Director		Director	
□President		□President	
□Vice President		□Vice President	
☑ Secretary	□Treasurer	Secretary	Treasurer
Other	Other	_{⊠Other} Asst.	Sec 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
Important Notice: I individuals may be	Jse an attachment to report more than six (6). The at added to the index when filing your Florida Departs	ttachment will be imaged ment of State Annual Re	d for reporting purposes only. Non-indexed port form.
12	Signature of Director	r 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.

Kirke Marsh, Asst. Secretary

(Typed or printed name and capacity of person signing application)

Page 1



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

DELAWARE, DO HEREBY CERTIFY "GYNZY 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 TENTH DAY OF APRIL, 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 "GYNZY INC." WAS INCORPORATED ON THE EIGHTH DAY OF AUGUST, A.D. 2013.

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

Authentication: 203110014

Date: 04-10-23