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COVER LETTER

TO:	Registration Sc Division of Co				
SHRI	ECT: YOURGA	ATSBY, INC.			
3010	LC1.	Name of cor	poration - n	nust include suffix	
Dear S	Sir or Madam;				
"Certi	ficate of Existence	tion by Foreign Corpora re." or "Certificate of Go in corporation to transac	ood Standin	g" and check are sub	
Please	return all corres	oondence concerning th	is matter to	the following:	
Phyllis	Cummings				
	•	١	lame of Per	son	
Clearq	uest Business Adv	isors			
		F	irm/Compai	ıy	
2576 E	Thurston LN				
			Address		
Layton	, UT 84040				
		City	/State and	Zip code	
phyllis(@cqadvisors.com				
		E-mail address: (to l	oe used for	uture annual report n	iotification)
For fu	rther information	concerning this matter,	please call:		
		at ()		
	Name of Perso	on A	rea Code	Daytime Telepl	hone Number
	Registration Se Division of Co The Centre of	rporations Fallahassee be Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Please		the following amount: le to: FLORIDA DEPAR S78.75 Filing Fee Certificate of Stat	& 🗆 \$1	STATE 78.75 Filing Fee & ertified Copy	S87.50 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.

YOURGATSBY,	INC.		
	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting business in Florida	
Delaware	3		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
9/25/2017	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
7901 4TH N, STE	300, ST PETERSBURG, FL 33702 (Principal office	street address)	
	(Current mailing a	ddress, if different)	
Name and stree	et address of Florida registered agent: (P.O. I Northwest Registered Agent LLC	Box <u>NOT</u> acceptable)	
fice Address:	7901 4th St N STE 300	_	
	St. Petersburg	, Florida 33702	
	(City)	(Zip code)	

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.

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 SEBASTIAN MAERZ □Chairman Name: Chairman Name: _____ 7901 4TH ST N. SUITE 300 ☐ Vice Chairman Address: _ Address: ______ □ Vice Chairman ST. PETERSBURG, FL 33702 □ Director □Director □President C.President ☐ Vice President □ Vice President Treasurer □Treasurer ☐ Secretary ☐ Secretary Dother CEO □Other _____ ☐Other _____ [—]Other Name: ____ □ Chairman □Chairman 7901 4TH ST N, SUITE 300 ☐ Vice Chairman Address: □Vice Chairman Address: ST. PETERSBURG, FL 33702 □ Director **Director** □President []President □Vice President □Vice President ☐ Secretary □Treasurer □ Secretary . . Treasurer ☐Other <u>CO</u>-CEO □Other ____ ∐Other _____ Other \square Chairman Name: _____ □ Chairman □Vice Chairman Address: Address: ____ ____ ☐ Vice Chairman □Director □Director □President President □Vice President _____ ☐ Vice President Treasurer ☐ Secretary □Treasurer □ 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. 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.

. SEBASTIAN MAERZ, CEO



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

DELAWARE, DO HEREBY CERTIFY "YOURGATSBY, 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 TWENTY-THIRD DAY OF AUGUST, 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 "YOURGATSBY,

INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D.

2017.

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

The state of the s

Authentication: 204024383

Date: 08-23-23