## F23000006280

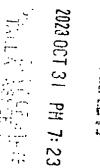
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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## **COVER LETTER**

TO:	Registration Section					
	Division of Corporat	ions				
	Geospatial Tech	nology Associates Inc.				
SUBJ	JECT:					
		Name of corporation	- mı	ist include suffix		
Dear S	Sir or Madam:					
"Certi	ficate of Existence." or	y Foreign Corporation for "Certificate of Good Stan poration to transact busine	ding	" and check are sub		
	return all corresponde Stephen Vandenabeele	nce concerning this matter	to th	ne following:		
		Name of	Perso	on		
Geosp	atial Technology Associat					
	•	Firm/Com	pany	, <u> </u>	,	
93683	Newmarket Lane					
-				<del></del>		
Ferna	ndina Beach, FL 32034	Addre	ess			
		City/State a	nd Z	ip code		
Mark@	@Geospatialtec.com	·		•		
	E-	mail address: (to be used to	for fu	iture annual report n	otification)	
				•		
For fu	rther information conc	erning this matter, please o	all:			
Mark '	Vandenabeele	904	904 803-4114			
		at (	_) _			
	Name of Person	Area Cod	e	Daytime Telepl	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations			MAILING ADDRESS: Registration Section Division of Corporations			
The Centre of Tallahassee				P.O. Box 6327		
2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303				Tallahassee, FL 32314		
	sed is a check for the formake check payable to: I	ollowing amount: FLORIDA DEPARTMENT	OF	STATE		
□ \$7	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		3.75 Filing Fee & rtified Copy	☐ \$87.50 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.

	rporation; must include "INCORPORATEI rp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION	ON."		
Delaware	ble in Florida, enter alternate corporate name under the law of which it is incorporated)	93-3939662			
12 October 2023					
(Date	of incorporation)	(Date of duration, if other	er than perpetual)		
	·	office street address)			
	(Current mai	ling address, if different)			
Name and street	<u>address</u> of Florida registered agent: (F	P.O. Box NOT acceptable)	<b>20</b>		
Name and street	Mark S Vandenabeele	P.O. Box NOT acceptable)	2023 OC		
	Mark S Vandenabeele 93683 Newmarket Lane		2023 OCT 31		
Name:	Mark S Vandenabeele  93683 Newmarket Lane	32034	2023 OCT 31 PM SHALLAHASSEI		

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.

Chairman   Name:	A. DIRECTORS	Mark S Vandenabeele		William	Basener	
Ovice Chairman   Address:	□Chairman	Name:	□ Chairman	Name:		
Director   Director     Director	□Vice Chairman	Address:	□Vice Chairman			
Ovice President   Ovice President   Other	□Director		Director			
Secretary	□President		President			
Natalie J Vandenabeele	□Vice President		□Vice President			
Other	•	□Treasurer	□Secretary		☐Treasurer	
Chairman   Name:		Other	Other		□Other	
Chairman Name:	□ Vice Chairman □ Director □ President □ Vice President ■ Secretary	Name:  93683 Newmarket lane  Address:  Fernandina Beach, FL 32034   Treasurer	□ Vice Chairman □ Director □ President □ Vice President □ Secretary	Address:	□Treasurer	
Vice Chairman   Address:	Other	Other	□Other		Other	
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 of 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 of 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 of 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 of 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 of 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 of 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 of 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 of the officer or director signing this document (and who is listed in number 11 above) affirms that the officer or director signing this document (and who is listed in number 11 above) affirms that the officer or director significant the officer or director signing this document (and who is listed in number 11 above) affirms that the officer or director significant the office	□ Vice Chairman □ Director □ President □ Vice President □ Secretary	Address:	□Vice Chairman □Director □President □Vice President □Secretary	Address:	□Treasurer	
	Important Notice: I individuals may be 12.  The officer or direct	Use an attachment to report more than six (6). The at added to the index when filing your Florida Departructure of Director signing this document (and who is listed in number of the control of the cont	ttachment will be image ment of State Annual Re r or Officer ber 11 above) affirms th	d for reporting population form.	d herein are true and that he or	

Mark Stephen Vandenabeele



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

DELAWARE, DO HEREBY CERTIFY "GEOSPATIAL TECHNOLOGY ASSOCIATES 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 SIXTEENTH DAY OF OCTOBER,

A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GEOSPATIAL TECHNOLOGY ASSOCIATES INC." WAS INCORPORATED ON THE TWELFTH DAY OF OCTOBER, A.D. 2023.

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

Authentication: 204377056

Date: 10-16-23