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COVER LETTER

**	tration Section ion of Corporations			
SUBJECT:	Gold LNP Lady Consulting	Corporation		
	Name	of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign C f Existence," or "Certificate ced foreign corporation to t	e of Good Stand	ling" and check are sub	
Please return	all correspondence concern	ing this matter	to the following:	
Catherine Kast	ning			
		Name of I	erson	
Funaro & Co.,	P.C.			
		Firm/Comp	oany	<u> </u>
350 Fifth Aver	nue, 41st Floor			
		Addre	SS	
New York, NY	10118			
		City/State an	d Zip code	
catherine.kastn	ing@funaro.com			
, <u> </u>	E-mail addres	s: (to be used fo	or future annual report i	notification)
For further inf	formation concerning this n	natter, please ca	dl:	
Catherine Kast	ning	at (273-5394	
Name	e of Person	Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following am eck payable to: FLORIDA D ng Fee	EPARTMENT of the second	OF STATE \$78.75 Filing Fee & Certified Copy	 \$87.50 Filing Fee. Certificate of Status & Certified Copy

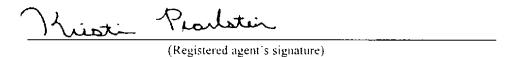
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1.	Consulting Corporation			-	
	orporation; must include "INCORPORATE forp," "Inc," "Co," or "Corp.")	Ю,"	"COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate nar	ne a	dopted for the purpose of transacting business in Florida)	-	
Delaware 2.		3	3. 88-0715477		
(State or country under the law of which it is incorporate		٠	(FEI number, if applicable)		
4. February 14, 20					
	of incorporation)		(Date of duration, if other than perpetual)	=	
6.					
			Florida, if prior to registration) 02, F.S., to determine penalty liability)	-	
7. c/o Funaro & Co.	, P.C., 1221 Brickell Avenue, Suite 1160, N	4ian	ni, FL 33131		
	(Principal c	offic	e <u>street</u> address)	-	
c/o Funaro & Co	P.C., 350 Fifth Avenue, 41st Floor, New Y	York	CNY 10118		
	(Current ma	iling	address, if different)		
8. Name and stree	et address of Florida registered agent: (I	P.O.	 · · · · · · · · · · · · · · · · ·	flame.	
Name:	Registered Agent Solutions, Inc.		က် 		
Office Address:	2894 Remington Green Ln. Ste A		ည်း မှာ	, y	
	Tailahassee		Florida 32308		
	(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.



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.

DocuSign Envelope ID: 9403408A-2CD5-426F-BF60-070768B011C5 A. DIRECTORS Eugenia Di Muzio Name: ______ ☐ Chairman □ Chairman c/o Funaro & Co., P.C. Address: □ Vice Chairman ☐ Vice Chairman Address: 1221 Brickell Avenue ■ Director □Director Suite 1160 President □President Miami, FL 33131 □ Vice President □ Vice President ■ Secretary Treasurer ☐ Secretary ☐ Treasurer □Other □Other □Other □Other □Chairman □ Chairman Name: Name: Address: _____ □Vice Chairman Address: ______ ☐ Vice Chairman □ Director □ Director □President □President □Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer □Other _____ □ Other _____ □Other _____ □Other _____ □Chairman □ Chairman Name: _____ Name: □ Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □President □President □Vice President □ Vice President □ Secretary ☐Treasurer □ Secretary □ Treasurer

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individual Doors handdad to the index when filing your Florida Department of State Annual Report form.

□Other _____

□Other _____

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.

Eugenia Di Muzio, President

□Other_____

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "GOLD LNP LADY CONSULTING CORPORATION"

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 FOURTH DAY OF JANUARY, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOLD LNP LADY CONSULTING CORPORATION" WAS INCORPORATED ON THE FOURTEENTH DAY OF FEBRUARY, A.D. 2022.

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

Authentication: 202522330

Date: 01-04-24

6618325 8300 SR# 20240029298