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Office Use Only



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2024 APR 15 PM 3: 45

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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE: 362890 8142306					
AUTHORIZATION					
COST LIMIT : \$ 87.50					
ORDER DATE: March 13, 2024					
ORDER TIME : 12:22 PM					
ORDER NO. : 362890-001					
CUSTOMER NO: 8142306					
FOREIGN FILINGS					
NAME: WHITE GLOVE PROTECTION GROUP INC.					
XXXX QUALIFICATION (TYPE: CO)					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
XXCERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING					
CONTACT PERSON: Amanda Miller EXT#					
EXAMINER:					

COVER LETTER

TO: Registration Secti Division of Corpo				
SUBJECT: WHITE GL	OVE PROTECTION GROUP	INC.		
Sobster.	Name of corporation	on - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence,"	n by Foreign Corporation fo 'or "Certificate of Good Sta corporation to transact busin	inding" and check are subn		
Please return all correspor	ndence concerning this matte	er to the following:		
Caleb Gilbert				
	Name o	f Person	_	
White Glove Protection Gro	ир			
	Firm/Co	mpany	·	
81 Deer Creek Ln				
-	Add	ress		
Newport Wa 99156				
	City/State	and Zip code		
admin@whitegloveprotectio				
	E-mail address: (to be used	for future annual report no	otification)	
For further information ec	ncerning this matter, please	call:		
Caleb Gilbert	at (6817242		
Name of Person	Arca Co	de Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	
	o: FLORIDA DEPARTMEN	T OF STATE ☐ \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

ÁPPLICATION 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.

(Enter name of co	E PROTECTION GROUP INC. orporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Co	огр," "Inc," "Co." or "Corp.")		
(If name imavails	able in Florida, enter alternate corporate name ad	onted for the purpose of transacting	husiness in Florida)
Washington	·		·
(State or country	y under the law of which it is incorporated)	(FEI number, if appl	icable)
08/16/2023 4.	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6. N/A			
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502))
7. 81 Deer Creek Li	n Newport, WA 99156-5148		~
	(Principal office 1 Newport, WA 99156-5148	street address)	P. T.
	(Current mailing	address, if different)	5 5
8. Name and <u>street address</u> of Florida registered agent: (P.C Corporation Service Company		Box <u>NOT</u> acceptable)	PH IN 28
Office Address:	1201 Hays Street	_	, til (co
	Tallahassee	Florida 32301	
	(City)	$\frac{32301}{\text{(Zip code)}}$	
designated in this further agree to co	nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointme, omply with the provisions of all statutes relo with and accept the obligations of my posit	nt as registered agent and agree ative to the proper and complete	to act in this capacity. I
	amagation Samina Commany	_	

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.

(Registered agent's signature)

A. DIRECTORS							
□Chairman	Name: Caleb Roy Gilbert	□Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
□Director	Newport, WA 99156-5148	□Director					
President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	□Secretary		□Treasurer			
□Other		□Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	10 Panther Dr	□Vice Chairman					
Director	Ennis, MT 59729-9052	□Director					
□President		□President					
■Vice President		□Vice President					
Secretary	□Treasurer	Secretary		□Treasurer			
Other	□Other	Other		□Other			
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director	15013 Medowlake Street	□Director					
□President	Odessa. FL. 33556	□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary		□Treasurer			
FL Mana Other	ger Other	□Other		□Other			
Important Notice of individuals hay be	Jse an attachment to report more than six (6). The attach added to the index when filling your Florida Department	hment will be image it of State Annual Re	d for reporting pu	urposes only. Non-indexed			

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. Caleb Gilbert - President



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

WHITE GLOVE PROTECTION GROUP INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/16/2023.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/29/2024 UBI Number: 605 315 306

R Hohlie

STATE OF WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 03/29/2024