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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

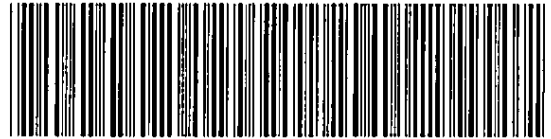
(Business Entity Name)

(Document Number)

Certificates of Status _____

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2024 JUL 11 PM 4:29

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GA Technical Services, Inc
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Frank Cervantes
Name of Person

Kryp.AI
Firm/Company

1010 SW 46th Ave, APT 107
Address

Pompano Beach Florida 33069
City/State and Zip code

Frank.Cervantes@me.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Cervantes at (904) 227 6492
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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$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. Co A Technical Services, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. 32-0019682
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-1-2002 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. AUGUST 5, 2024
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1010 SW 46th Ave Apt 107 Pompano Beach FL 33066
(Principal office street address)
1758 Baseline Rd, La Verne, Ca. 91750
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Frank Cervantes

Office Address: 1006 SW 46th Ave Apt 107
Pompano Beach Florida 33069
(City) (Zip code)

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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.

[Signature]
(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

☐ Chairman

Name:

Frank Cervantes

Chairman

Name:

☐ Vice Chairman

Address:

1758 Baseline RD

☐ Vice Chairman

Address:

☒ Director

Address:

La Verne Ca. 91750

☐ Director

☒ President

☐ President

☐ Vice President

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Secretary

☐ Treasurer

☐ Other

☐ Other

☐ Other

☐ Other

☐ Chairman

Name:

Lorena Cervantes

Chairman

Name:

☐ Vice Chairman

Address:

1758 Baseline RD

☐ Vice Chairman

Address:

☐ Director

Address:

La Verne, Ca. 91750

☐ 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

☐ Director

☐ President

☐ President

☐ Vice President

☐ Vice President

☐ Secretary

☐ Treasurer

☐ Secretary

☐ Treasurer

☐ Other

☐ 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.

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 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.

Frank Cervantes

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



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: GA TECHNICAL SERVICES, INC.
Entity No.: 2419588
Registration Date: 06/11/2002
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 03, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 225749938

To verify the issuance of this Certificate, visit the Certificate Management System at <https://www.sos.ca.gov/certificate>