F24600003958

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Centified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
N24 - CI	9448	





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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 8, 2024

GAY VARANO PO BOX 86128 MADEIRA BEACH, FL 33738 US

SUBJECT: TRGLASO, INC. Ref. Number: W24000099448

We have received your document for TRGLASO, INC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1200.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 324A00014681

Ariel Jones Regulatory Specialist II

www.sunbiz.org

COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	ECT: CV-Global, Inc.				
		me of corporation	- must include suffix		
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation	cate of Good Stand	ling" and check are subn		
Please	return all correspondence conc	erning this matter	to the following:		
Gay V	arano				
	**************************************	Name of P	erson		
CV-Gi	obal, Inc.				
		Firm/Comp	pany		
PO BC	0x 86128				
		Addres	SS	 	
Madei	ra Beach, FL 33738				
		City/State an	d Zip code		
gigi@d	cv-global.com				
	E-mail add	ress: (to be used for	or future annual report no	otification)	
For fu	rther information concerning th	is matter, please ca	ill:		
Gay V	arano	727 at (580-0012		
	Name of Person	Area Code		one 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		
Please	sed is a check for the following make check payable to: FLORIDA 0.00 Filing Fee S78.75 F	A DEPARTMENT	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.

If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Floridal Myoming 3. 37-1880923 (State or country under the law of which it is incorporated) (PEI number, if applicable) 10 / 8 / 20 1 6	TRGLASO, TA			. 16 .4	•	
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (Cay Varano (City) (City) (City) (City) (FEI number, if applicable) (PERPETUAL (Date of duration, if other than perpetual) (PERPETUAL (Date of duration, if other than perpetual) (Perpetual) (Perpetual) (Corrent or registration) (Current mailing address, if different)		ible in Florida, enter afte		, ,	transacting busi.	ness in Florida)
Date of incorporation Do NE Big S : N GSS : IN FLORIDA	Wyoming		3. 37-	1880923		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) 35 Arlington Avenue; St. Petersburg, FL 33701 (Current mailing address, if different) Name: Gay Varano					nber, if applicab	le)
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Madeira Beach (City) (Zip code) Registered agent's acceptance:	Name:	Gay Varano		_		24 J
Registered agent's acceptance:				_		24 JUL
Registered agent's acceptance:		536 Lillian Drive		- - 33708		24 JUL 22
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her agree to comply with the provisions of all statutes relative to the proper and complete performance of my I am familiar with and accept the obligations of my position as registered agent. RA GAY JARADER RA (Registered agent's signature)	ice Address: Registered age ving heen nam ignated in this ther agree to co	536 Lillian Drive Madeira Beach (Cent's acceptance: ed as registered agent application, I hereby comply with the provisi	and to accept service of accept the appointment ions of all statutes related bligations of my positions.	f process for the ab as registered agen- ive to the proper an in as registered age	ove stated corp and agree to a d complete perj nt.	oration at the pact in this capac formance of my

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	Gay Varano		Dan Dixon			
Chairman	PO BOX 86128	□ Chairman	PO Box 86128			
□Vice Chairman	Address:	■ Vice Chairman	Address:			
□Director		Director				
■ President		□President				
□ Vice President		■Vice President				
■ Secretary	☐ Treasurer	□Secretary	□Treasurer			
Other	Other	Other	Other			
7 a	Name:					
□ Chairman	DO Dov 96129	Chairman	Name:			
	Address: Madeira Beach, FL 33738	□Vice Chairman	Address:			
Director		□ Director				
□President		□President				
■ Vice President		□Vice President				
□Secretary	■ Treasurer	□Secretary	□Treasurer			
□Other	□Other □	□Other	Other			
□Chairman	Name:	□Chairman	Name:			
	Address:		Address:			
☐ Director	Addits.	Director	Address.			
□President		□President				
		□Vice President				
☐ Secretary	□Treasurer	☐ Vice President ☐ Secretary	□Treasurer			
□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.	(Typed or printed name and capacity of perso	te TRGG on signing application	1 DONT			

STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

CV-Global, Inc.

is a

Profit Corporation

formed or qualified under the laws of Wyoming did on **October 8**, **2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000728832**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne. Wyoming on this 22nd day of July, 2024 at 9:10 AM. This certificate is assigned ID Number 074561321.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.