F24000005440

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ĉit	y/State/Zip/Phone	e #)
		MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



10/02/24--01014--005 ++70.00

2021021-2 FH 3:59

. A

Office Use Only

COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: StockEarnings, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

1

.'

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:

William S Annon, CPA

	Na	me of Perso	n	
StockEarnings, Inc.				
	Firi	m/Company		
I Seaside Lane #201				
······		Address		
Bellcair, FL 33756				
	City/	State and Zi	p code	
bill@williamannoncpa.com	-			
	E-mail address: (to be	used for fu	ture annual report	notification)
For further information of William S Annon	953		53-9022	
Name of Person	at (Are) ea Code	Daytime Telep	hone Number
Registration Sec Division of Corr The Centre of Ta	porations allahassee Street, Suite 810		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
Enclosed is a check for t Please make check payable	he following amount:	MENT OF S	TATE	

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.

StockEarnings, Inc. Ł.

5

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting busin	ess in Florida)
Delaware 2.	3.	81-2955882	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable	2)
06/06/2016 4.	5.		
(Date	of incorporation) 5.	(Date of duration, if other than per	petual)
6. 11/12/2022			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
33 SE 4th St, Boo 7.	ca Raton, FL 33432		
	(Principal offic	e <u>street</u> address)	
	(Current mailing	address, if different)	 20
8. Name and <u>stree</u>	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2024 CCT
Name:	Hiratkumar Ghelani		
Office Address:	33 SE 4th St		
	Boca Raton	. Florida	(.) (.)
	(Citv)	(Zip code)	59

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.

Hiral Ghelani (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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total];

A. DIRECTORS

,

1

Chairman	Hiralkumar Ghelani Name:	⊡Chairman	Name:
□Vice Chairman	33 SE 4th St, Boca Raton, Fl Address:	⊡Vice Chairman	Address:
Director		Director	
President		President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	
Other	Other	Other	□Other
Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President		President	
□Vice President		□Vice President	
Secretary	□Treasurcr	Secretary	Treasurer
Other	Other	□Other	Other
Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	
President		President	
□Vice President		□Vice President	<u></u>
Secretary	□Treasurer	□Secretary	
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.

Hiral Ghelani 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.

Hiralkumar Ghelani, President

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



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STOCKEARNINGS, 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 TWENTY-SIXTH DAY OF JUNE, A.D. 2024.



Jeffrey W. Bullock, Secretary of State

Authentication: 203796624 Date: 06-26-24

6061454 8300

SR# 20241838194 You may verify this certificate online at corp.delaware.gov/authver.shtml Page 1