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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSH ROSS, P.A. Account Number : I19990000150 Phone : (813)224-9255 Fax Number : (813)223-9620

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FOREIGN PROFIT/NONPROFIT CORPORATION 3GSS GENERAL PARTNER INC.

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

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.

| "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida DELAWARE 3. 47.5509629 (State or country under the law of which it is incorporated) OCTOBER 28, 2015 5. (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) 8302 LAUREL FAIR CIRCLE, SUITE 100, TAMPA, FL 33610 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BUSH ROSS REGISTERED AGENT SERVICES, LLC | | NERAL PARTNER INC. orporation; must include "INCORPORA" | <u>יי יי לויון</u> | OMPANY" "CORPORATION" | |
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| DELAWARE 3. 47.5509629 | | | | | |
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| (State or country under the law of which it is incorporated) OCTOBER 28, 2015 5. (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) 8302 LAUREL FAIR CIRCLE, SUITE 100, TAMPA, FL 33610 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BUSH ROSS REGISTERED AGENT SERVICES, LLC ffice Address: 1801 N. HIGHLAND AVE. | | | 3 | 47.5509629 | |
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| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8302 LAUREL FAIR CIRCLE, SUITE 100, TAMPA, FL 33610 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BUSH ROSS REGISTERED AGENT SERVICES, LLC Gricc Address: 1801 N. HIGHLAND AVE. | OCTOBE | R 28, 2015 | _ 5 | | |
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| (Principal office <u>street</u> address) (Current mailing address, if different) Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: <u>BUSH ROSS REGISTERED AGENT</u> SERVICES, LLC Grice Address: <u>1801 N. HIGHLAND AVE.</u> | | | | | |
| (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BUSH ROSS REGISTERED AGENT SERVICES, LLC Office Address: 1801 N. HIGHLAND AVE. | 8302 LAU | REL FAIR CIRCLE, SUITE 100 | , TAMP | A, FL 33610 | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BUSH ROSS REGISTERED AGENT SERVICES, LLC Office Address: 1801 N. HIGHLAND AVE. | | (Principa | ıl office <u>st</u> | reet address) | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: BUSH ROSS REGISTERED AGENT SERVICES, LLC Office Address: 1801 N. HIGHLAND AVE. | | | | | |
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| Office Address: 1801 N. HIGHLAND AVE. | . Name and stree | et address of Florida registered agent: | (P.O. B c | x <u>NOT</u> acceptable) | ± DE |
| Office Address: 1801 N. HIGHLAND AVE. | Name: | BUSH ROSS REGISTERED. | <u>AGENT</u> | SERVICES, LLC | |
| | iffice Address: | 1801 N. HIGHI AND AVE | | | ى - |
| TAMPA, Florida 33602 | mice Address. | | · | | 7.: |
| $\langle G', \lambda \rangle$ | | TAMPA | | , Florida 33602 | # #: |
| (City) (Zip code) | | (City) | | (Zip code) | - |
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| | irther agree to c | omply with the provisions of all statu | tes relati | ve to the proper and complete perj | |
| esignated in this application, I hereby accept the appointment as registered agent and agree to act in this ca orther agree to comply with the provisions of all statutes relative to the proper and complete performance of | | | | | |
| esignated in this application, I hereby accept the appointment as registered agent and agree to act in this ca arther agree to comply with the provisions of all statutes relative to the proper and complete performance of | BUSI | H ROSS REGISTERED AGENT SER | VICES, L | LC | |
| esignated in this application, I hereby accept the appointment as registered agent and agree to act in this ca arther agree to comply with the provisions of all statutes relative to the proper and complete performance of | n v. | MI 41- | | | |
| 1.0 M 1- | BA: | IQHII N. GIORDANO, (Registe | ered agent | 's signature) | |
| signated in this application, I hereby accept the appointment as registered agent and agree to act in this cap rther agree to comply with the provisions of all statutes relative to the proper and complete performance of ad I am familiar with and accept the obligations of my position as registered agent. BUSH ROSS REGISTERED AGENT SERVICES, LLC BY: | ì | /IOE PRESIDENT OF REGISTERED | AGENT | o organicae) | |

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: JAMES T. BLACK | Chairman | Name: MANUEL GOMEZ |
|-----------------|---|------------------------|----------------------------------|
| □Vice Chairman | Address: 8302 LAUREL FAIR CIRCLE SUITE 100 | □Vice Chairman | Address: 8302 LAUREL FAIR CIRCLE |
| Director | TAMPA, FL 33610 | Director | SUITE 100 TAMPA, FL 33610 |
| ■ President | | □President | |
| □Vice President | | □Vice President | |
| Secretary | □Treasurer | Secretary | ■ Treasurer |
| Other | | Other | □ Other |
| □ Chairman | Name: MAZEN SHEHAIBER | ☐ Chairman | Name: RAFAEL RIBEIRO GOMEZ |
| □Vice Chairman | Address: 8302 LAUREL FAIR CIRCLE | □Vice Chairman | Address: 8302 LAUREL FAIR CIRCLE |
| Director | SUITE 100 TAMPA, FL 33610 | Director | SUITE 100 TAMPA, FL 33610 |
| □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 | ☐ Treasur er |
| □Other | □Other | Other | Other |
| | Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment added to the index when filing your Florida Department of Black Signature of Director of the state of the | ent of State Annual Re | |

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.

JAMES T. BLACK, PRESIDENT

Page 1



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

DELAWARE, DO HEREBY CERTIFY "3GSS GENERAL PARTNER 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 THIRTEENTH DAY OF DECEMBER, 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 "3GSS GENERAL PARTNER INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2015.

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

Authentication: 205124890

Date: 12-13-24