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(C	ity/State/Zip/Phone	· #)
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(850) 656-4724 3458 lakesore Drive

Tallahassee, FL 32312

D	ate:	12/18/2024	- 4:1 DW
	- 	Acc#I20160000072	anic > V
Name:	GARDAWO	RLD CASH SERVICE	S, INC.
Document #:			
Order #:	16017619		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of			
Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$	155.00	

Thank you!

COVER LETTER

	distration Section islon of Corporations			
SUBJECT	, GardaWorld Cash services, Ir	ic.		
300.1.01		of corporation	- must include suffix	
Dear Sir or	Madam:			
"Certificate	d "Application by Foreign Co of Existence," or "Certificate enced foreign corporation to tr	of Good Stan	ding" and check are submitt	
Please retur	n all correspondence concerni	ng this matter	to the following:	
Naya hacher	n			
		Name of I	Person	
Langlois La	wyers, LLP			
-		Firm/Com	pany	
1250 BLVD	Rene-Levesque West, 20th Floo	r		
		Addre	SS	
Montreal, Q	uebec, H3B 4W8, Canada			
		City/State ar	nd Zip code	
naya,hachen	n@langlois.ca			
	E-mail address	: (to be used f	or future annual report notif	fication)
For further	information concerning this m	atter, please c	all:	
Naya Hachem at () 282-3115		282-3115		
Na	me of Person	Area Code	Daytime Telephon	e Number
Reg Div The 241	REET/COURIER ADDRESS gistration Section vision of Corporations & Centre of Tallahassee 5 N. Monroe Street, Suite 810 lahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL. 1	ion orations
	a check for the following amoreheck payable to: FLORIDA DI Filing Fee S78.75 Filin Certificate of	EPARTMENT g Fee & - (5		☐ \$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.

	th services, Inc. orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATIO	ON,"
(If name unavaila	ible in Florida, enter alternate corporate name ac	dopted for the purpose of transact	ting business in Florida)
Delaware 2.			
(State or country	y under the law of which it is incorporated)	(FEI number, if	applicable)
7/9/2020	5		
	of incorporation)	(Date of duration, if other	er than perpetual)
ı.			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liab	oility)
, 2000 NW Corpor	ate Boulevard, Boca Raton, Florida 33431 USA		
	(Principal offic	e <u>street</u> address)	
	(Current mailing	address, if different)	
 Name and <u>stree</u> Name: 	<u>n address</u> of Florida registered agent: (P.O. C T Corporation System	Box NOT acceptable)	2024 DEC 1 2024 DEC 1 24 146 F
Office Address:	1200 South Pine Island Road		8 PM
	Plantation	FI. 33324	三 三 三 二
	(City)	(Zip code)	: 23

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.



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]:

■Director □President	Name: 2000 NW Corporate Boulevard, Address: Boca Raton, Florida 33431 USA	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other	Name:	
Director□President	Name: Vincent Modarelli 2000 NW Corporate Boulevard, Address: Boca Raton, Florida 33431 USA	☐ Chairman ☐ Vice Chairman ☐ Director ☐ President ☐ Vice President ☐ Secretary ☐ Other	Boca Raton, Florida 33431 USA Treasurer	
□ Director □ President □ Vice President □ Secretary □ Other □ SVP and □ Important Notice: individuals may be 12.	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Departme	nt of State Annual Ro	20th Floor Montreal, Quebec, H3B 4W8, Canada Treasurer Other d for reporting purposes only, Non-indexed eport form.	
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. Pierre-Hubert Séguin, Secretary (Typed or printed name and capacity of person signing application)				

ATTACHMENT TO DIRECTORS/OFFICERS LIST

A. DIRECTORS Name: Jeffrey Schiavino François East □ Chairman □ Chairman 2300 Émile Bélanger Street 2000 NW Corporate Boulevard, □ Vice Chairman Address: □Vice Chairman Address: Montreal, Quebec, H4R 3J4, Canada Boca Raton, Florida 33431 USA □ Director □Director □ President □President □ Vice President □ Vice President ■Treasurer □ Treasurer □ Secretary □ Secretary VP and Controller □Other _____ □Other _____ ⊡Other ___ ☐ Other _____ Julie Hayashi Name: □ Chairman Name: _____ □ Chairman 2000 NW Corporate Boulevard. Address: □ Vice Chairman □ Vice Chairman Address: Boca Raton, Florida 33431 USA □ Director □Director □President □President □ Vice President □ Vice President □ Secretary ☐Treasurer □ Secretary ☐Treasurer ■Other ____ ☐Other _____ Other _____ □ Other ______ □ Chairman Name: _____ Chairman Name: _____ Address: ______ □ Vice Chairman □Vice Chairman Address: _____ **⊞**Director □Director President President □Vice President □ Vice President ☐ Treasurer ☐ Secretary □ Secretary ☐ Treasurer □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 Phyn filing your Florida Department of State Annual Report form. Sterature 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. Pierre-Hubert Séguin, Secretary

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

Page 1



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

DELAWARE, DO HEREBY CERTIFY "GARDAWORLD CASH SERVICES, 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 FIFTH 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 FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 205044706

Date: 12-05-24