

Division of Corporations

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# FI900001664

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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To: Division of Corporations  
 Fax Number : (850) 617-6383

From: Account Name : AGENTS AND CORPORATIONS, INC  
 Account Number : 120010000112  
 Phone : (302) 575-0875  
 Fax Number : (302) 575-1642

*this is a corrected document please provide us with the filing date of APRIL 12, 2019. Thank you*

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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### FOREIGN PROFIT/NONPROFIT CORPORATION BASSA ENTERPRISES LTD. INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

*5 PAGES PAID*

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April 15, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AGENTS AND CORPORATIONS, INC

SUBJECT: BASSA ENTERPRISES LTD. INC  
REF: W19000037032

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

On #1 of the application please write BASSA ENTERPRISES LTD. Below please write BASSA ENTERPRISES LTD. INC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Dionne M Scott  
Regulatory Specialist II

FAX Aud. #: H19000121672  
Letter Number: 219A00007523

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TALLAHASSEE, FLORIDA

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H19000121672 3

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. BASSA ENTERPRISES LTD.

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

BASSA ENTERPRISES LTD. INC

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

2. NEW YORK

(State or country under the law of which it is incorporated)

3. 47-200 9673

(FEI number, if applicable)

4. 9/17/14

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. Upon qualification

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

7. 200 BROAD HOLLOW ROAD SUITE 201 MELVILLE, NY 11747

(Principal office address)

POB 1539 SEAFORD, MD 11783

(Current mailing address, if different)

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

Name: AGENTS AND CORPORATIONS, INC.

Office Address: 300 FIFTH AVENUE SOUTH, SUITE 101-330

NAPLES

(City)

Florida

34102

(Zip code)

9. Registered agent's acceptance:

I/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.

[Handwritten signature of Ben Crawford]

(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.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.

*Sally Campanella*

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.

*SALLY CAMPANELLA, VP, SCTRY*

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

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TALLAHASSEE FLORIDA

State of New York } ss:  
Department of State

I hereby certify, that the Certificate of Incorporation of BASSA ENTERPRISES LTD. was filed on 09/17/2014, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



2019 APR 12 P 5:33  
FALL HASSEE, FLORIDA

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 03rd day of April two thousand and nineteen.

A handwritten signature in cursive script, appearing to read "Whitney Clark".

Whitney Clark  
Deputy Secretary of State