## F2000000 2958

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Sity/State/2.pr/ None //)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
6/30 Received Cert. WC
J* -
W2-58614

Office Use Only



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## **COVER LETTER**

TO:	Registration Sec Division of Cor						
SURI	ECT:	BOSI	KI CORPORATI	ON			
, <b>,</b>		Name o	of corporation -	must include suffix			
Dear S	Sir or Madam:						
"Certi	ficate of Existence		of Good Standi	uthorization to Transac ng" and check are sub- in Florida.			
Please	return all corresp	ondence concernit	ng this matter to	the following:			
			ASHLEY V. B	REWER			
			Name of Pe	rson			
			BREWERLON	NG PLLC			
		<del></del> ::	Firm/Compa	any			
		620	N. WYMORE I	ED. SUITE 270			
-			Address	3	<del></del>		
			MAITLAND, FI	L 32751			
			City/State and	Zip code		20	<del></del>
		4	ASHLEY@BRE	WERLONG.COM	<b>.</b>	,	
	•	E-mail address:	: (to be used for	future annual report n	otification)		
For fu	rther information	concerning this ma	atter, please cal	1:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30 AN	m
ASHL	EY V. BREWER		407 at (	660-2964		<u>ء.</u> ي	_
•	Name of Person		Area Code	Daytime Telepi	hone Number	89	
	Registration Sec Division of Cor The Centre of T	porations 'allahassee e Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7		
Please	sed is a check for make check payabl 0.00 Filing Fee	the following amo e to: FLORIDA DE \$78.75 Filing Certificate o	EPARTMENT ( g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 F Certifica Certifies	ate of	Status &

## 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.

i.	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")								
				<del> </del>	. 51				
	`	able in Florida, enter alternate corporate name add	pted for the purpose of transact	ling busin <del>e</del> s	in Floi	nda)			
2.	DELAWA	ARE3	· · · · · · · · · · · · · · · · · ·						
			(FEI number, if applicable)						
4.	05/14/202	5							
	(Date	of incorporation)	(Date of duration, if other than perpetual)						
6.	05/14/202	0							
		(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502		oility)					
7	2372 N. Forsyth	Rd., Orlando, FL 32807							
,.		(Principal office	street address)						
		(Current mailing a	ddress, if different)			<del></del>			
				•	20				
8.	Name and stree	et address of Florida registered agent: (P.O. F	Box NOT acceptable)	٠.	Ţ <u>.</u>				
	Name:	BrewerLong PLLC		· ·.	ω Ω				
	1144110.	620 N. Wymore Rd. Suite 270	- <del></del>	,		T !			
Office Address:		OZO IX. WYMOTO IXI. Suite 270	<del>_</del>	i	757	<u> </u>			
		Maitland	, Florida		رن دې				
		(City)	(Zip code)	-	ထ				
H de fu	laving been nan esignated in this urther agree to c	ent's acceptance: ned as registered agent and to accept service s application, I hereby accept the appointment comply with the provisions of all statutes rela r with and accept the obligations of my positi	nt as registered agent and a dive to the proper and comp	ree to act	in this	capacity			

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]:

(Registered agent's signature)

## A. DIRECTORS Emacil Banaci □ Chairman Name: Chairman Name: \_\_\_\_\_ 9725 Adalyn Ave □Vice Chairman Address: □ Vice Chairman Address: Orlando, FL 32871 □ Director Director President □ President ☐Vice President ☐ Vice President ☐ Treasurer □ Secretary □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_ Name: □ Chairman Name: \_\_\_\_\_ ☐ Chairman □Vice Chairman Address: \_\_\_\_\_ Address: ☐ Vice Chairman Director ☐ Director □President President ☐ Vice President □Vice President ☐Treasurer □ Secretary ☐Treasurer □ Secretary '□Other<u></u> □Other \_\_\_\_\_ Other Other \_\_\_\_ [7] $\Box$ 垩 □Chairman Chairman Name: 20 □ Vice Chairman Address: \_\_\_\_ □Vice Chairman Address: □ Director □ Director ☐ President □ President □Vice President \_\_\_\_\_ ☐ Vice President □ Treasurer ☐ Secretary ☐Treasurer □ Secretary □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. 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. Esmaeil Banaei

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



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

DELAWARE, DO HEREBY CERTIFY "BOSKI CORPORATION" 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 TWENTIETH DAY OF JUNE, A.D. 2020.

Authentication: 203144156

Date: 06-20-20



June 11, 2020

ASHLEY V. BREWER BREWERLONG PLLC 620 N. WYMORE RD. SUITE 270 MAITLAND, FL 32751 US

SUBJECT: BOSKI CORPORATION Ref. Number: W20000058614

We have received your document for BOSKI CORPORATION and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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.

Laura D Chang Regulatory Specialist II

Letter Number: 320A00011529

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