

F13000003595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

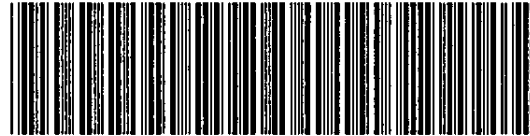
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

END 8/22

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A23 Studios Corporation

Name of corporation - must include suffix

Dear Sir or Madam:

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:

I BURAK BEKAT

Name of Person

A23 STUDIOS

Firm/Company

4544 E CAMP LOWELL STE 146

Address

TUCSON /AZ/85712

City/State and Zip code

BURAK@A23STUDIOS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BURAK BEKAT

Name of Person

at (520) 245.4010

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$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.*

1. A23 STUDIOS CORPORATION

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"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)

2. Arizona

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

3.

(FEI number, if applicable)

4. 05/12/2009

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6.

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

7. 4544 E Camp Lowell Dr. Suite 146, Tucson, AZ 85712 US

(Principal office address)

4544 E Camp Lowell Dr. Suite 146, Tucson, AZ 85712 US

(Current mailing address)

8. Architecture

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

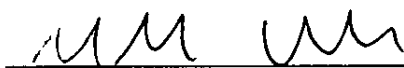
Loxahatchee, Florida 33470

(City)

(Zip code)

10. 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.



on behalf of InCorp Services, Inc.

(Registered agent's signature)

11. 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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: JOSE L CEJA JR

Address: 6051 N CAMINO ESPLENDORA
TUCSON AZ 85718

Vice Chairman: I BURAK BEKAT

Address: 3610 N VINE AVENUE
TUCSON AZ 85719

Director: LORENA LOPEZ-CEJA

Address: 6051 N CAMINO ESPLENDORA
TUCSON AZ 85718

Director: CAMILA MARTINS-BEKAT

Address: 3610 N VINE AVENUE
TUCSON AZ 85719

B. OFFICERS

President: JOSE L CEJA JR

Address: 6051 N CAMINO ESPLENDORA
TUCSON AZ 85718

Vice President: I BURAK BEKAT

Address: 3610 N VINE AVENUE
TUCSON AZ 85719

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

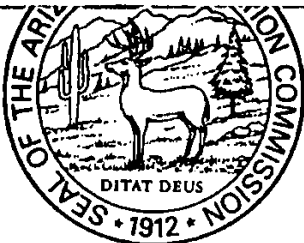
13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

14. I BURAK BEKAT

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



Jodi A. Jerich
Jodi A. Jerich, Executive Director

By: _____ 949145