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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Filling Officer.				

Office Use Only



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SECRETARY OF STATE
TALLAHASSEF, FI BAIL

SP 4/2/10

W10000011887



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 9, 2010

LARRY JONES

9314 FOREST HILL BLVD., SUITE 56 WELLINGTON, FL 33411

SUBJECT: BULLMOOSE STRATEGIC CONSULTING INC Ref. Number: W10000011887

We have received your document for BULLMOOSE STRATEGIC CONSULTING INC 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6062.

Eula Peterson Regulatory Specialist II

Letter Number: 110A00005846

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TAULAHARSEE ELOPIDA

TAULAHARSEE

COVER LETTER

TO:	Division of Corporations				
SUB	ECT: Bul	Name of corporat	on - must include suffix	Inc	
Dear S	Sir or Madam:				
"Certi	ficate of Existenc	ion by Foreign Corporation f e," or "Certificate of Good S n corporation to transact bus	tanding" and check are sub		
Please	return all corresp	ondence concerning this mat	ter to the following:		
		LARRY JONE	,		
	^		of Person		
	Ballmasss	Strateble Consu	Hing, Inc		
		Firm/C	ompany		
	0	1314 to 815 H.	11 Blva Si	ite 56	
		Ad	ldress		
	WEllin	biself note	a 33411		
		City/Stat	e and Zip code		
		LGRRYD-LITE	D Comcast, NET ed for future annual report n		
		E-mail address: (to be use	ed for future annual report n	otification)	
For fu	rther information	concerning this matter, pleas	e call:		
	1	_			
	Larry	Ints at (56			
	Name of Perso	n Are	ea Code & Daytime Telepho	one Number	
	•				
		RIER ADDRESS:	MAILING A		
New Filing Section Division of Corporations Clifton Building		New Filing Section			
		Division of Corporations P.O. Box 6327			
	2661 Executive Tallahassee, FL	Center Circle	Tallahassee, F		
Enclo	sed is a check for	the following amount:			
) \$7	0.00 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.
Bullmoore Studence Coast of Tax
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
me, co., corp., me, co, or corp.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida
2. <u>Colorado</u> 3. 27-1940445
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9-6-2001 5. PERPETURL
(Date of incorporation) (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. 9314 FOREST HILL BLUD SUITE TO WELLINGTON FZ 33411
(Principal office address)
Same
(Current mailing address)
8Service
(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: Lakey Janes
Office Address: 9314 FREET HILL Blue Suite 56
$\frac{\mathcal{N}\mathcal{E}[[] \cap \mathcal{E}[]}{(\text{City})}$, Florida $\frac{3341}{(\text{Zip code})}$
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.
A
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[(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.

12. Names and business addresses of officers and/or directors: , A. DIRECTORS Chairman: ______ Address: Vice Chairman: _____ Address: _____ Address: Address: ___ **B. OFFICERS** President: Larry Jones Address: 9314 Forest H:1/ Blud Suite 56 Wellington FL 33411 Vice President: Larry Jones Forest Hill Blud Suite 56 Address: 9314 Hill Blud Suite 56 Wellington FL 33411 Address: 9314 Treasurer: Larry Suite 56 Wellington FL 33411 Forest Hill Blud NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

BULLMOOSE STRATEGIC CONSULTING INC

is a **Corporation** formed or registered on 09/06/2001 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20011174253.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/12/2010 that have been posted, and by documents delivered to this office electronically through 02/19/2010 @ 11:41:53.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 02/19/2010 @ 11:41:53 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7579205.



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Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, http://www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."