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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP		MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only

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COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: MIZSPA LIMITED INC

Name of corporation - must include suffix

Dear Sir or Madam:

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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:

Andrew Trumbach	
	Name of Person
F	?irm/Company
2091 SW 60 Ave	
	Address
Plantation, FL 33317	
Cit	y/State and Zip code
andrew@trumbach.com	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter	, please call:
	<u>954)</u> 931-9244
Name of Person	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 Star	

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. MIZSPA LIMITED INC

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

(If name unavailable in Florida, enter alternate corporate	e name adopted for the purpose of transacting bus	siness in F	lorida)	
2. HONG KONG	3			_
(State or country under the law of which it is incorporated	d) (FEI number, if applicabl	e)		
4. 06/16/2012	5. perpetual	1004 Aziko (h-3) - 14		-
(Date of incorporation)	(Duration: Year corp. will cease to exist	or 'perpe	tual	-
6. N/A			AU	
(Date first transacted busi	iness in Florida, if prior to registration) 607.1502, F.S., to determine penalty liability)	5	5 27	ļ
, 32/F Tower 1, Hong Kong, Millennium	n City I, 388 Kwun Tong Road k	<u>(L</u>	<u>q</u>	ן _ נ
(Principal offic	ce address)		N N	
2091 SW 60 Ave, Plantation, FL 33	3317	a di Anna	Ś	_
(Current mailir	ng address)		-0-	-
				_
(Purpose(s) of corporation authorized in home state	te or country to be carried out in state of Florida)			
 Name and <u>street address</u> of Florida registered agent: 	: (P.O. Box <u>NOT</u> acceptable)			
Name: Andrew Trumbach				

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Office Address: 2091 SW 60 Ave

Plantation , Florida 33317 (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.



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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12. Names and business addresses of officers and/or directors:			
A. DIRECTORS			
Chairman: Manpreet Chawla			
Address: Apt 2165, 21 Fl, Tower 11, Parkview, 88 Tam Rese	ervoir Rd HK		
Vice Chairman:	······		
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS	·		
President:			
Address:			
Vice President:			
Address:			
Secretary:			
Address:			
Freasurer:			
Address:	· · · · · · · · · · · · · · · · · · ·		
NOTE: If necessary, you may attach an addendum to the application listing addit			
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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. Manpreet Chawla, Director

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

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Please cut along the dotted line and display the valid business/branch registration certificate at business address.

