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SECRETARY OF STATE
TALLAHASSEE, FL 32399

T. Burch DEC 18 2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BUJO Inc.
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:

DAVID E. BUTTS
Name of Person
BUJO, INC.
Firm/Company
928 BREEZEWOOD CIRCLE
Address
ALTOONA, IOWA 50009-2225
City/State and Zip code
BUJOINC@Q.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID E. BUTTS at (515) 967-0729
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 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. BUJO, 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 name adopted for the purpose of transacting business in Florida)
2. IOWA 3. 42-140 1399
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4-7-1993 5. PERPETUAL
(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. 1481 MARKET CIRCLE UNIT P, PORT CHARLOTTE, FL 33953
(Principal office address)
- 1481 MARKET CIRCLE UNIT P, PORT CHARLOTTE, FL 33953
(Current mailing address)

8. LANDSCAPING, CURBING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

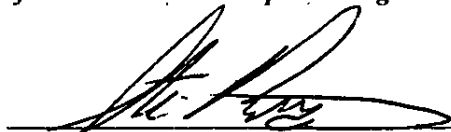
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: STEVEN M. BUTTS

Office Address: 1481 MARKET CIRCLE UNIT P
PORT CHARLOTTE, Florida 33953
(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.



(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: DAVID E. BUTTS

Address: 928 BREEZEWOOD CIRCLE
ALTOONA, IA 50009-2225

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: DAVID E. BUTTS

Address: 928 BREEZEWOOD CIRCLE
ALTOONA, IOWA 50009

Vice President: _____

Address: _____

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. DAVID E. BUTTS, PRESIDENT

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

FILED
12 DEC 17 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**IOWA SECRETARY OF STATE
MATT SCHULTZ**



CERTIFICATE OF EXISTENCE

Date: 12/14/2012

Name: BUJO, INC. (490 DP - 165681)

Date of Incorporation: 4/7/1993

Duration: PERPETUAL

FILED
12 DEC 17 PM 6:07
SECRETARY OF STATE
TALLAHASSEE, FL 32309

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS74251

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

A handwritten signature of Matt Schultz in black ink.

Matt Schultz, Iowa Secretary of State