

F13000001714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

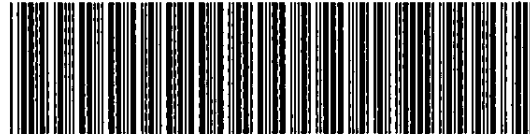
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/03/13--01023--007 **70.00

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13 APR 19 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
8961-613
6552
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Casile Inc.

217 E. 85th street
PMB 172
New York, N.Y. 10028

212-216-9330
212-563-5389
casilejim@gmail.com

April 2, 2013

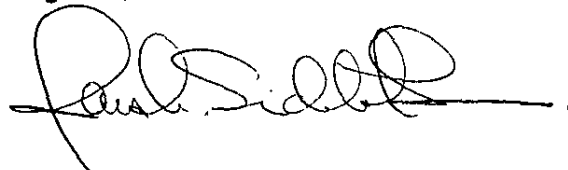
Florida Department of State
Division of Corporations/New Filing Section
P.O. Box 6327
Tallahassee, Florida
32314

Dear Sir/Madam,

Enclosed please find our "Application for Foreign Corporation for Authorization to Transact Business in Florida", our check #3754 for filing fee, and Certificate of Existence from the State of New York dated March 26, 2013. Once our Application is accepted, we would appreciate if you could email or fax us a confirmation with our registration number.

Thanking you for your assistance in advance.

Regards,

A handwritten signature in black ink, appearing to read "James M. Sidebotham", with a long horizontal line extending to the right.

James M. Sidebotham
President



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2013

JAMES SIDEBOTHAM
217 E 85TH ST PMB 172
NEW YORK, NY 10028

SUBJECT: CASILE INC.
Ref. Number: W13000019688

We have received your document for CASILE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return the corrected original and one copy of 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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 413A00007938

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Casile 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:

James Sidebotham

Name of Person

Casile Inc.

Firm/Company

217 E. 85th street, PMB 172

Address

New York, New York 10028

City/State and Zip code

casilejim@gmail.com

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

For further information concerning this matter, please call:

James Sidebotham at (212) 216-9330

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

SECRET
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA

13 APR 19 AM 11:20

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**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. CASILE INCORPORATED

(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. NEW YORK

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

3. 11-2793574

(FEI number, if applicable)

4. 1986

(Date of incorporation)

5. PERPETUAL

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

6. CURRENT YEAR

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

7. 225 WEST 34 TH STREET, SUITE 1313, NY, NY 10122

(Principal office address)

217 E. 85TH STREET, PMB 172, N.Y., N.Y. 10028

(Current mailing address)

8. WHOLESALE DEALER LICENSE

(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: **Registered Agents Inc.**

Office Address: **3030 N. Rocky Point Dr. STE 150A**

Tampa

(City)

, Florida **33607**

(Zip code)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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.



Dan Keen-President

(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: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: James Sidebotham

Address: 415 E. 85th street, Apt 2D, NY, NY 10028

Vice President: N/A

Address: _____

Secretary: N/A

Address: _____

Treasurer: N/A

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. James M. Sidebotham - President

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

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10 APR 19 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CASILE INCORPORATED was filed on 10/25/1985, under the name of BRASMERE SEAFOOD INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment BRASMERE SEAFOOD INC., changing its name to CASILE INCORPORATED, was filed 01/15/1986.

The Biennial Statement is past due.



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SECRETARIAT OF STATE
TALLAHASSEE FLORIDA

FILED

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 26th day of March two
thousand and thirteen.*

First Deputy Secretary of State