

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
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Phone : (850) 222-1092
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**FOREIGN PROFIT/NONPROFIT CORPORATION
BOCONCEPT USA, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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2014 FEB 27 PM 11:53

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14 FEB 27 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BoConcept USA, 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:

Mark Arensberg

Name of Person

Arensberg Law Offices, PA

Firm/Company

PO Box 7646

Address

Overland Park, Kansas 66207

City/State and Zip code

attorney@marensberg.com

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

For further information concerning this matter, please call:

Mark Arensberg

Name of Person

at 913 , 710-5351

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

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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. BoConcept USA, 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. Kansas

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

3.

(FEI number, if applicable)

4. 6/22/93

(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. 20 Pulaski Street, Bayonne, New Jersey 07002

(Principal office address)

20 Pulaski Street, Bayonne, New Jersey 07002

(Current mailing address)

8. Ownership of retail furniture and accessory stores and other commercial activities

(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: **NRAI Services, Inc**

Office Address: **1200 South Pine Island Rd.**

Plantation

(City)

Florida 33324

(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)

JOELLE GAURIK, ASST. SECRETARY

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: Carsten Pedersen

Address: 20 Pulaski Street, Bayonne NJ 07002

Vice Chairman: _____

Address: _____

Director: Hans Barslund

Address: 20 Pulaski Street, Bayonne NJ 07002

Director: Torben Paulin

Address: 20 Pulaski Street, Bayonne NJ 07002

B. OFFICERS

President: Carsten Pedersen

Address: 20 Pulaski Street, Bayonne NJ 07002

Vice President: _____

Address: _____

Secretary: Mark Arensberg

Address: PO Box 7646, Overland Park, KS 66207

Treasurer: Mike Hillyer

Address: 20 Pulaski Street, Bayonne NJ 07002

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. Mark Arensberg, Secretary

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

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**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
KRIS W. KOBACH**

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office,

Business Entity ID Number: 2077576

Entity Name: BOCONCEPT USA, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

Resident Agent: MARK W. ARENSBERG

Registered Office: 8000 FOSTER, OVERLAND PARK, KS 66204

was filed in this office on June 22, 1993, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of February 25, 2014

**KRIS W. KOBACH
SECRETARY OF STATE**

Certificate ID: 600400 - To verify the validity of this certificate please visit <https://www.kansas.gov/press/verify> and enter the certificate ID number.