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To:

Division of Comporations

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From:

Account Name : TAXLEAF: COM INC

Account Number : I28140600084

: (305)541-398D

Phone Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SCORETARY OF STATE ALLAHASSEE, FLORID

FOREIGN PROFIT/NONPROFIT CORPORATION
MILLENNIUM SYSTEMS INC

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S. GILBERT

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A PELICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COL: יו עול I.UANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGIS: A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. , MILLENNIUM SYSTEMS INC (Enter again of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," 'Co.," "Corp." "Inc," "Co," or "Corp.") (If na 1 : unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2 CO JOMBIA (State or country under the law of which it is incorporated) (FEI number, if applicable) AFIRIL 05, 2000 (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3111 NUNIVERSITY DR STE 105, CORAL SPRINGS, FL 33065 (Principal office address). 3111 NUNIVERSITY DR STE 105, CORAL SPRINGS, FL 33065 (Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ACCOUNTANT & MANAGEMENT INC N me: 1549 NE 123 ST Office Act ress: NORTH MIAMI

9. Registe el agent's acceptance:

Having his n 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)

10. Attacle 1 is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Departs ont 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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Names and business addresses of officers and/or directors:
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7 :c · Testrine à:
n trise:
I it report
/c hailai
Dis cust
Aj rojs:
8 DEFICERS
PIT dest JAVIER MAURICIO VILLARREAL BUELVAS
3111 N UNIVERSITY DR STE 105, CORAL SPRINGS, FL 33065
Vi » President:
Add sur
Ser mys
Adh ss:
Tree do:
Adic va
NO 1 5: Linecessary, you may attach an elidendum to the application listing additional officers and/or directors.
Signature of Director or Officer
The thirt or diffector signing this document (and who is listed in number 12 above) affirms that the facts stated herei
are: r e and that he or she is aware that false information submitted in a document to the Department of State constitut a thir digree felony as provided for in a 817,155, F.S.
13. A'/IER MAURICIO VILLARREAL BUELVAS (PRESIDENT)
(Typed or printed name and capacity of person signing application)