

150000547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

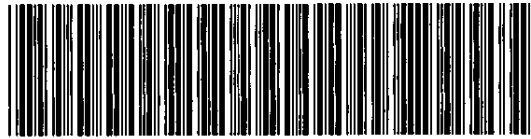
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
15-7707
647

Office Use Only



800279315938

11/24/15--01012--007 **70.00

FILED
15 NOV 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 10 2015
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 DEC 10 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 25, 2015

ROI GAL
3330 NE 190TH STREET APT 2110
AVENTURA, FL 33180

SUBJECT: HTFC INC.
Ref. Number: W15000077107

FILED
15 NOV 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HTFC 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 015A00024931

COVER LETTER

TO: Registration Section
Division of Corporations
HTFC INC.

SUBJECT: _____
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:
ROI GAL

Name of Person	
Firm/Company	
3330 NE 190TH ST APT 2110	FILED 15 NOV 24 PM 3:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Address	
AVENTURA FL 33180	
City/State and Zip code	
THEFLASHINGCOMPANY@YAHOO.COM	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

ROI GAL 305 3434210
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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.*

HTFC INC.

1. _____
(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)
NEVADA 46-1229795

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
7/22/2013.

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3330 NE 190TH ST APT 2110 AVENTURA FL 33180

7. _____
(Principal office address)

(Current mailing address, if different)

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

Name: ROI GAL
3330 NE 190TH ST APT 2110

Office Address: AVENTURA 33180
_____, Florida _____
(City) (Zip code)

9. 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)

10. 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.

FILED
15 NOV 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

GUY HOENIG

President: _____

3501 MAGELLAN CIR APT 638

Address: _____

AVENTURA FL 33180

ROI GAL

Vice President: _____

3330 NE 190TH ST APT 2110

Address: _____

AVENTURA FL 33180

ROI GAL

Secretary: _____

3330 NE 190TH ST APT 2110 AVENTURA FL 33180

Address: _____

ROI GAL

Treasurer: _____

3330 NE 190TH ST APT 2110 AVENTURA FL 33180

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

ROI GAL

13. _____

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

FILED
15 NOV 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE



FILED
15 NOV 24 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HTFC INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 22, 2013, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 4, 2015.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Electronic Certificate
Certificate Number: C20151204-1565
You may verify this electronic certificate
online at <http://www.nvsos.gov/>

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS
LICENSE APPLICATION OF:

ENTITY NUMBER

HTFC INC.

E0354932013-7

NAME OF CORPORATION

FOR THE FILING PERIOD OF JUL. 2015 TO JUL. 2016



100103

USE BLACK INK ONLY - DO NOT HIGHLIGHT

YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov

- ☐ Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form

1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**

2. If there are additional officers, attach a list of them to this form.

3. Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.

4. State business license fee is \$500.00/\$200.00 for Professional Corporations filed pursuant to NRS Chapter 89. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.

5. Make your check payable to the Secretary of State.

6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.

7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708

8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- ☐ Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

- ☐ This corporation is a publicly traded corporation. The Central Index Key number is:

- ☐ This publicly traded corporation is not required to have a Central Index Key number.

NAME	TITLE(S)
GUY HOENIG	PRESIDENT (OR EQUIVALENT OF)
ADDRESS	CITY STATE ZIP CODE
3330 NE190TH ST 2010 , USA	AVENTURA FL 33180
NAME	TITLE(S)
ROI GAL	SECRETARY (OR EQUIVALENT OF)
ADDRESS	CITY STATE ZIP CODE
3330 NE190TH ST 2110 , USA	AVENTURA FL 33180
NAME	TITLE(S)
ROI GAL	TREASURER (OR EQUIVALENT OF)
ADDRESS	CITY STATE ZIP CODE
3330 NE190TH ST 2110 , USA	AVENTURA FL 33180
NAME	TITLE(S)
ROI GAL	DIRECTOR
ADDRESS	CITY STATE ZIP CODE
3330 NE190TH ST 2110 , USA	AVENTURA FL 33180

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X ROI GAL

Title

DIRECTOR

Date

10/11/2015 2:39:47 PM

Signature of Officer or
Other Authorized Signature

Nevada Secretary of State List Profit
Revised: 7-1-15