Division of Corporations Electronic Filing Cover Sheet

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(((H150003048343)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: MECHANIK NUCCIO HEARNE & WESTER, P.A. Account Name

Account Number : 110727003105

Fax Number

: (813)276~1920 : (813)276-1560

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

## FOREIGN PROFIT/NONPROFIT CORPORATION Buff Management, Inc.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

Electronic Filing Menu

Corporate Filing Menu

Help

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C	OVER LET	TTER	
TO: Registration Section			
Division of Corporations			
SUBJECT: Buff Management, Inc.			
	corporation - r	nust include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to tra	f Good Standi	ng" and check are submitte	
Please return all correspondence concerning Stacey Catherwood	g this matter to	the following:	
	Name of Pe	rson	<del></del>
Mochanik Nuccio Hearne & Wester, P.A.			
	Firm/Compa	ny	
305 South Boulevard	,		
	Address		
Tampa, Florida 33606			
	City/State and	Zip code	
rlemmis@davicslawcorp.com			
<u>-</u>	(to be used for	future annual report notifi	ication)
	(10 00 000 111	• • • • • • • • • • • • • • • • • • •	,
For further information concerning this ma	tter, please cal	l <b>:</b>	
Stacey Catherwood	813	276-1920	
Name of Person	t () Area Code	Daytime Telephone	Number
STREET/COURIER ADDRESS	<b>!</b>	MAILING ADDI	
Registration Section		Registration Section	
Division of Corporations		Division of Corpor	rations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, FL 3	2314
Tallahassee, FL 32301		Tananassoo, CD 3.	2317
Enclosed is a check for the following amou	ınt:		
□ \$70.00 Filing Fee □ \$78.75 Filing Certificate of		\$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.

"Inc.," "Co.," "C	orp," "Inc," "Co," or "Corp.")			
California		me adopted for the purpose of transacting bust		-
(State or countr	y under the law of which it is incorporated)	5(Date of duration, if other than p		•
(Date	of incorporation)	(Date of duration, if other than p	erpetual)	
6,	(SEE SECTIONS 607.1501 & 60	ess in Florida, if prior to registration) 7,1502, F.S., to determine penalty liability)		-
	Avenue, Los Angeles, California 90036	incipal office address)		-
	(111	morpai ornee addressy		<u> </u>
	(Current m	ailing address, if different)		22
8. Name and stree	et address of Florida registered agent: Alfred A. Colby	(P.O. Box NOT acceptable)		<b>13</b> 0 <b>25</b> 0
Name: Office Address:	305 South Boulevard			28 1
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ташра	, Florida (Zip code)		<b>≜</b> 8.
	(City)	(Zip code)	S.A.	27
Having been nan designated in this further agree to c	application, I hereby accept the appo	service of process for the above stated cor vintment as registered agent and agree to tes relative to the proper and complete pe ns of my position as registered agent.	uct in this cap	acity. I

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.

## (((H15000304834 3)))

3. Chain W. Feena	(Typed or printed name and c	apacity of person sig	ning application)	
re true and that he d third degree felony	or signing this document (and who are is aware that false informations provided for in \$.817.155, F.S. en, Director and President	io is listed in number ion submitted in a de	-11 above) affirms that	
2	Signature	of Director or Office		
NOTE: If necessary	y, you may attach an addendum to	the application listi	ng additional officers a	nd/or directors,
Address:	Market and the second s	·		
Freasurer:				
\ddress:		<u> </u>		
Secretary:				
Address:	<u> </u>	·		<del>2</del> 28
	, ,			
				- <u>- 3</u>
Address: 117 North I	Fuller Avenue, Los Angoles, Californ	nia 90036		
President: Chaim M.				
B. OFFICERS			-	
***************************************			•	
		•		
Oirector:				
				· · · · · · · · · · · · · · · · · · ·
Address: 117 North I	Fuller Avenue, Los Angoles, Californ	nia 90036	•	
Director; Chaim M.	Freemen			
	· · · · · · · · · · · · · · · · · · ·	•		
			•	
Chairman:			·.	
A. DIRECTORS			;	•
11. Manies and but	siness addresses of officers and/or	r directors:		

. Dec. 28. 2	2015- 2	2:34 PM	Mechanik	Nuccio
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(((H15000304834 3)))

No.	2099	P.	5	
			•	

## State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

BUFF MANAGEMENT INC.

FILE NUMBER:

**.** 

FORMATION DATE:

C1760632 03/21/1995

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS;

·ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

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



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 22, 2015.

ALEX PADILLA Secretary of State