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(((H16000020257 3)))



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FOREIGN PROFIT/NONPROFIT CORPORATION TAES COMPANY LIMITED

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January 26, 2016

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: TAES COMPANY LIMITED

REF: W16000005137

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

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 FAX Aud. #: B16000020257 Letter Number: 516A00001617

2016 JAN 26 D IZ: 53

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. | NY LIMITED INC | | |
|---------------------------------|---|---|--------------------------------------|
| (Enter name of "Inc.," "Co.," " | corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.") | D," "COMPANY," "CORPORAT | NOI," |
| (If name unavai | ilable in Florida, enter alternate corporate nan | ne adonted for the numose of trans- | acting histories in Florida |
| | EALTH OF THE BAHAMAS | APPLIED FOR | with validous in Figure |
| | try under the law of which it is incorporated) | (FEI number, PERPETUAL. | if applicable) |
| (Dat UPON QUALI | te of incorporation) | (Date of duration, if o | ther than perpetual) |
| CENTRE COM | | s in Florida, if prior to registration) 1.1502, F.S., to determine penalty li 2nd FLOOR, P.O. BOX N-3944, N | ability) |
| 7 7951 RIVIERA | (Prin BLVD STE 210 MIRAMAR, FL 33023 | cipal office address) | |
| | (Current ma | iling address, if different) | |
| | eet address of Florida registered agent: (I TIM SUAZO | P.O. Box <u>NOT</u> acceptable) | |
| Name: | 7951 RIVIERA BLVD STE 210 | | |
| Office Address: | MIRAMAR | 33023 , Florida | 70 Z0 |
| | (City) | (Zip code) | |
| Having been nan | gent's acceptance: ned as registered agent and to accept se s application, I hereby accept the appoir | | |
| urther agree to i | comply with the provisions of all statute familiar with and accept the obligations | s relative to the proper and con | nplete performance of my gental N |
| | mormon | M | 25 A |
| _ | (Registere | d 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.

| 11. Names and business addresses of officers and/or direc | 11. | . Names an | d business | addresses | of officers | and/or | directo |
|---|-----|------------|------------|-----------|-------------|--------|---------|
|---|-----|------------|------------|-----------|-------------|--------|---------|

| A. DIRECTORS | | |
|--|--------------------------|---|
| Chairman: | | ··· |
| Address: | | |
| | | |
| Vice Chairman: | | |
| Address: | | |
| | | |
| Director: | | |
| Address: | | |
| | | |
| Director: | | |
| | | 7 |
| Address: | | |
| B. OFFICERS | | |
| OCEAN TWO 1604 LLC President: | | |
| 1050 BRICKELL AVE STE: 620 Address: | | |
| MIAMI, FL 33131 | and water Cha | 20 |
| Vice President: | L ER | 200 |
| Address: | 3.4 | 440 KZ MACHANIN |
| , 544-655. | (n) € 120 - < | 771 |
| | Po | <u> </u> |
| Secretary: | 20 m | <u> </u> |
| Address: | Street 1 12 | |
| Treasurer: | | |
| Address; | | |
| NOTE: If necessary, you may attach an addendum to the application listin | g additional officers ar | ad/or directors. |
| 12. Leofilo Dichi amhie | | |
| Signature of Director or Officer The officer or director signing this document (and who is listed in number of are true and that he or she is aware that false information submitted in a document (degree felony as provided for in s.817.155, F.S. TEOFILO DICHI AMKIE - MGRM 13. | l l above) affirms that | the facts stated herein ent of State constitutes |
| (Typed or printed name and capacity of person sign | ning application) | |

