

F/60000001416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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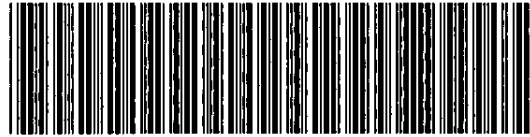
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/28/16 DS

COVER LETTER

TO: Registration Section
Division of Corporations

GERONIMO SECURITIES, 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:

JULIETTE CASTANEDA

_____ Name of Person GERONIMO SECURITIES, INC.	FILED 16 MAR 25 AM 10:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA
_____ Firm/Company 1970 E OSCEOLA PKWY STE 364	
_____ Address KISSIMMEE, FL 34743	
_____ City/State and Zip code geronimoscinc@gmail.com	
_____ E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

JULIETTE CASTANEDA	407	288-7636
_____ Name of Person	at (_____) 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.*

GERONIMO SECURITIES, 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)

2. HAWAII 3. 81-1436482
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/07/2011 5. PERPETUAL
(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)

7. 1970 E OSCEOLA PKWY STE 364 KISSIMMEE, FL 34743
(Principal office address)

1970 E OSCEOLA PKWY STE 364 KISSIMMEE, FL 34743
(Current mailing address, if different)

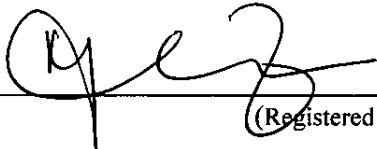
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JULIETTE CASTANEDA
Office Address: 1970 E OSCEOLA PKWY STE 364
KISSIMMEE, Florida 34743
(City) (Zip code)

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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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____ JULIETTE CASTANEDA

Address: _____ 1970 E OSCEOLA PKWY STE 364 KISSIMMEE, FL 34743

Director: _____

Address: _____

B. OFFICERS

President: _____ JULIETTE CASTANEDA

Address: _____ 1970 E OSCEOLA PKWY STE 364 KISSIMMEE, FL 34743

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

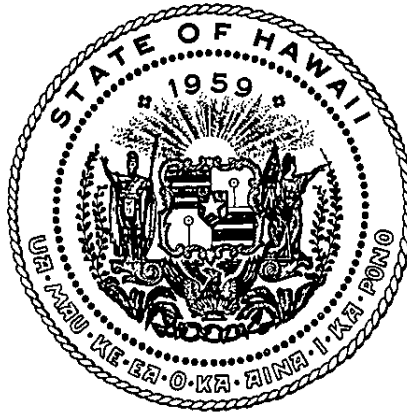
12. _____

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.

13. _____ JULIETTE CASTANEDA D/P

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



Department of Commerce and Consumer Affairs

CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

GERONIMO SECURITIES, INC.

was incorporated under the laws of Hawaii on 12/07/2011 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: February 11, 2016

Catharine P. Awa-Lee

Director of Commerce and Consumer Affairs



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