# C16000002819

(Re	equestor'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:				
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corpora			·
SUBJECT: Rock P	Byr Baby Co	ion - must include suffix	
Dear Sir or Madam:			
The enclosed "Application "Certificate of Existence," above referenced foreign co	or "Certificate of Good S	tanding" and check are sub	
Please return all correspond	lence concerning this ma	tter to the following:	
Hama	h Francois		•
	h Francois Name	of Person	
	Firm/C	ompany	
14060	Biscayne B	ompany	
	Ad	dress	
N Mia	mi Beach, Fl City/Stat	. 33181	
	•	•	
- Flrobe	rts0726@av	mail.com. ed for future annual report	notification
For further information con			nonneactory
	, p		
Homan Francis	at ( العالم )	,767-7995	
Name of Person	Area C	ode Daytime Telep	hone Number
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations nter Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
Tallahassee, FL 32			
Enclosed is a check for the	ionowing 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.

1. Rock ABur Baby Corporation	
(Enter name of corporation, must include "INCORPORA	ATED," "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. Tennessee	3
(State or country under the law of which it is incorporate	(FEI number, if applicable)
4. 2-14-14	5 Parretual.
(Date of incorporation)	5. Parpetual, (Date of duration, if other than perpetual)
6. NIA will begin busines	
(Date first transacted bus	iness in Florida, if prior to registration)
(SEE SECTIONS 607.1501 &	607.1502, F.S., to determine penalty liability)
7. 1990 Lowergne Ct. Nashi	SILE, TO 37210.
O (	(Principal office address)
(Curren	t mailing address, if different)
	<b>≜ 3</b>
8. Name and street address of Florida registered agen	t: (P.O. Box NOT acceptable)
Name: How Biscaure P	Mud. APT. 515. Harrah Francis S
Name: 1. 20 PASCAGA	7
Office Address:	
N Miami Beach	, Florida 33131
N Miani Beach (City)	(Zip code)
Degistered agent's assertance.	
9. Registered agent's acceptance:  Having been named as registered agent and to accept	ot service of process for the above stated corporation at the place
	ppointment as registered agent and agree to act in this capacity. I
	tutes relative to the proper and complete performance of my
duties, and I am familiar with and accept the obligat	uons of my position as registerea agent.
ΛΙΛ	
H. Francois	
(Regi	istered 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: \_\_\_\_\_\_ Vice Chairman: Address: Address: Director: \_ Address: \_\_\_ **B. OFFICERS** President: Hanah Franco's - Owner-All. Address: 14040 Biscapre Blod. APT SIS N Miami Beach Vice President: Address: Secretary: Treasurer: Address: **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 4. Drancon 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. Harran Francois. (Typed or printed name and capacity of person signing application)



# STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville. TN 37243-1102

#### **HANNAH FRANCOIS**

June 8, 2016

**APT 515** 14060 BISCAYNE BLVD. N MIAMI, FL 33181

Request Type: Certificate of Existence/Authorization

Issuance Date: 06/08/2016

Request #:

0204886

Copies Requested:

**Document Receipt** 

Receipt #: 002734902

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3675554194

\$20.00

Regarding:

**Rockabyebaby Corporation** 

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 02/16/2014

Status:

Active

**Duration Term:** 

Perpetual

Date Formed:

02/16/2014

747643

Formation Locale: TENNESSEE

Inactive Date:

Control #:

Business County: DAVIDSON COUNTY

#### **CERTIFICATE OF EXISTENCE**

1, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

### **Rockabyebaby Corporation**

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has not filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 017696933