## F1600003870

| (Requ                      | uestor's Name)   |             |
|----------------------------|------------------|-------------|
| (Addr                      | ress)            |             |
| nbbA)                      | ress)            |             |
| (City/                     | State/Zip/Phone  | e #)        |
| PICK-UP                    | ☐ WAIT           | MAIL        |
| (Busi                      | iness Entity Nar | me)         |
| (Doct                      | ument Number)    |             |
| Certified Copies           | Certificates     | s of Status |
| Special Instructions to Fi | iling Officer:   |             |
|                            |                  |             |
|                            |                  |             |
|                            |                  |             |

Office Use Only



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## **COVER LETTER**

| TO:  | Registration So<br>Division of Co |                                      |                 |  |                              |             |
|--|-----------------------------------|--------------------------------------|-----------------|--|------------------------------|-------------|
| SUBJECT: Call Cabinet Corporation  |                                   |                                      |                 |  |                              |             |
| Name of corporation - must include suffix  |                                   |                                      |                 |  |                              |             |
| Dear S   | Sir or Madam:                     |                                      |                 |  |                              |             |
| "Certi   | ficate of Existen                 |                                      | Good Standi     | nthorization to Transacting" and check are submin Florida. |                              |             |
| Please   | return all corres                 | pondence concerning                  | this matter to  | the following:   |                              |             |
|  | F                                 | Roxanne Kahan                        |                 |  |                              |             |
|  |                                   |                                      | Name of Per     | rson   |                              |             |
|  | Call Cabinet Corporation          |                                      | 200 20          |  |                              |             |
| Firm/Company 17895 Cadena Drive  |                                   | AHASS                                |                 |  |                              |             |
| Address  Boca Raton, FL, 33496   |                                   |                                      |                 |  |                              |             |
|  |                                   |                                      | City/State and  | -  | * 21                         |             |
|  |                                   |                                      | callcabinet.    |  | <i>,</i>                     | <del></del> |
|  |                                   | E-mail address: (                    | to be used for  | future annual report no                                    | tification)                  |             |
| For fu   | rther information                 | concerning this matt                 | er, please call | l:   |                              |             |
| Roxa   | nne Kahan                         | at                                   | 561             | 699-9933   |                              |             |
|  | Name of Perso                     |                                      | Area Code       | Daytime Telepho  | one Number                   |             |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Cloft Executive Center Circle Tallahassee, FL 32301  MAILING ADDRES Registration Section Division of Corporation Division of Corporation P.O. Box 6327 Tallahassee, FL 3231 |                                   | etion<br>porations                   |                 |  |                              |             |
| Enclos   | sed is a check for                | r the following amour                | nt:             |  |                              |             |
| <b>☑</b> \$70  | 0.00 Filing Fee                   | \$78.75 Filing F<br>Certificate of S |                 | 678.75 Filing Fee & Certified Copy                         | S87.50 Filing Certificate of | f Status &  |

## 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.

| I. Call C                | Cabinet Corporation   |  |                            |
|--------------------------|---|--|----------------------------|
|                          | orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")                | ," "COMPANY," "CORPORATI   | ON,"                       |
|                          |   |  |                            |
| (If name unavaila        | able in Florida, enter alternate corporate name                                       |  | cting business in Florida) |
| Delaware                 |   | 30-0748794   |                            |
| (State or countr         | y under the law of which it is incorporated)  | (FEI number, if  | applicable)                |
| May, 2012                | 5.  | ·  |                            |
| (Date                    | of incorporation)   | (Date of duration, if oth  | her than perpetual)        |
| . <u> </u>               | July, 2016  |  | -                          |
|                          | (Date first transacted business i<br>(SEE SECTIONS 607.1501 & 607.1                   | in Florida, if prior to registration)<br>502, F.S., to determine penalty lia | bility)                    |
| 23123                    | State Rd 7, Boca Raton, FL,33428  |  |                            |
|                          | (Princi   | pal office address)  |                            |
| 178                      | 95 Cadena Drive, Boca Raton FL, 3   | 3496   |                            |
|                          | (Current maili  | ing address, if different)   | 2016<br>ACC                |
| Name and stree           | et address of Florida registered agent: (P.   | O Roy NOT acceptable)  | 全部 a 1                     |
| . Mario una <u>strov</u> |   | o. Box <u>1101</u> acceptable)   | 8 29<br>ASSE               |
| Name:                    | Roxanne Kahan   |  |                            |
| Office Address:          | 17895 Cadena Drive  |  |                            |
|                          | Boca Raton  | , Florida <u>33496</u>   | 2u                         |
|                          | (City)  | (Zip code)   |                            |
|                          | (- 3)   | ( <b>F</b> )   |                            |
|                          | ent's acceptance:   |  | ا قدر در قادر              |
|                          | ed as registered agent and to accept serv<br>application, I hereby accept the appoint |  |                            |
| urther agree to c        | omply with the provisions of all statutes<br>familiar with and accept the obligations | relative to the proper and com   | plete performance of my    |
|                          |   |  |                            |
| <u></u>                  | (Registered   | agent's signature)   | <del> </del>               |
|                          |   |  |                            |

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:

| Chairman:        | Ryan Kahan  |                                 |
|------------------|---|---------------------------------|
| Address:         | 17895 Cadena Drive, Boca Raton, FL, 33496   |                                 |
|                  |   |                                 |
|                  | Roxanne Kahan   |                                 |
| Address:         | 17895 Cadena Drive, Boca Raton, FL, 33496   |                                 |
| Director:        |   |                                 |
|                  |   |                                 |
|                  |   | <del></del>                     |
| Director:        |   |                                 |
| Address:         | **************************************  |                                 |
| B. OFFICER       | S   |                                 |
| President:       | Ryan Kahan  |                                 |
| Address:         | 17895 Cadena Drive, Boca Raton, FL, 33496   |                                 |
|                  |   |                                 |
| Vice President:  | Roxanne Kahan   |                                 |
|                  | 17895 Cadena Drive, Boca Raton, FL, 33496   |                                 |
|                  |   |                                 |
| Secretary:       |   | - 30                            |
|                  |   |                                 |
|                  |   |                                 |
| Address:         |   |                                 |
|                  | essary, you may attach an addendum to the application listing addition  | onal officers and/or directors. |
| 12.              | Signature of Director or Officer  |                                 |
| are true and the | director signing this document (and who is listed in number 11 above<br>at he or she is aware that false information submitted in a document<br>felony as provided for in s.817.155, F.S. |                                 |
| i dina degree    | Roxanne Kahan - Officer   |                                 |

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



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "CALL CABINET CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE EIGHTH DAY OF MAY, A.D. 2012, AT 11:30 O'CLOCK A.M.

CERTIFICATE OF RENEWAL, FILED THE TWENTY-FOURTH DAY OF MARCH,

A.D. 2014, AT 5:02 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "CALL CABINET CORPORATION".

Authentication: 202613362

Date: 07-06-16

5151577 8310 SR# 20164632356

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "CALL CABINET CORPORATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

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AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE

AFORESAID CORPORATION, "CALL CABINET CORPORATION".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL PEPOPTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202641085

Date: 07-12-16

5151577 8310 SR# 20164778468