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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS

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NOV 16 2016

FAX COVER SHEET

TO	Ms Octavia
COMPANY	Sunbiz
FAXNUMBER	18502456030
FROM	
DATE	2016-11-10 15:33:19 GMT
RE	UNKNOWN

COVER MESSAGE

Please see attached

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2016 NOV 10 PM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENTILE INC.

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:

JULINE ALLEN

Name of Person

Firm/Company

1990 NE 163RD ST STE 216

Address

N MIAMI BEACH, FL 33162

City/State and Zip code

gentileinc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULINE ALLEN

at (305) 7634840

Name of Person

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.

1. GENTILE INC.
(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. 81-4299010
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. Jun 11, 2014 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. 1990 NE 163RD ST STE 216 N MIAMI BEACH, FL 33162
(Principal office address)
- 1990 NE 163RD ST STE 216 N MIAMI BEACH, FL 33162
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: JULINE ALLEN
- Office Address: 1990 NE 163RD ST STE 216
N MIAMI BEACH, Florida 33162
(City) (Zip code)

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.

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16 NOV 10 AM 9:12

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: JULINE ALLEN

Address: 1990 NE 163RD ST STE 216 N MIAMI BEACH, FL 33162

Director: _____

Address: _____
_____**B. OFFICERS**

President: JULINE ALLEN

Address: 1990 NE 163RD ST STE 216 N MIAMI BEACH, FL 33162

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____
_____**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. JULINE ALLEN DIRECTOR

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

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16 NOV 10 AM 9:12
DIVISION OF CORPORATIONS



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,

GENTILE INC.

was incorporated under the laws of Hawaii on 06/11/2014 ; 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: October 31, 2016

Director of Commerce and Consumer Affairs



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2016

JULINE ALLEN
1990 NE 163RD ST, STE 216
N MIAMI BCH, FL 33162

Having fulfilled the requirements of section 607.1503 or 617.1503, Florida Statutes, on November 10, 2016, this Certificate of Authority is hereby issued to GENTILE INC, a Hawaii corporation, in accordance with said statute and assigned document number F16000005098. Please refer to this number whenever corresponding with this office.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Apply today with the IRS online at:

<https://sa.www4.irs.gov/modiein/individual/index.jsp>.

Please notify this office if the corporate address changes.

Should you have any questions regarding this matter, please contact this office at (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II
Registration Section
Division of Corporations

Letter Number: 316A00024530