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(F	Requestor's Name)			
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PICK-UP	WAIT MAIL			
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(Document Number)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: CALAVERAS MANAGEMENT GROUP, 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:
Charles L. Jaffee
Name of Person
Charles L. Jaffee, P.A.
Firm/Company
7301A W Palmetto Park Road Ste. 305C Address
Boca Raton, Fl 33433
City/State and Zip code
chuck12283@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles L. Jaffee at ( 561 ) 416-7400
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  Feel and the state of the feet of t
Enclosed is a check for the following amount:  \$70.00 Filing Fee  \$\Bigcup \text{\$70.00 Filing Fee} & \Bigcup \text{\$87.50 Filing Fee}, \text{Certificate of Status} \text{Certified Copy} \$\$  \$87.50 Filing Fee, \text{Certified Copy} \text{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.

	ole in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Wyoming 3. 81-4105993 (FEI number, if applicable)	
(State or country	under the law of which it is incorporated) (FEI number, if applicable)
1. <u>10/11</u> (Date o	/16 5. (Date of duration, if other than perpetual)
5	
	(Date first transacted business in Flerida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1815	1 N.E. 31st Court, Ste. 2014 Aventura, Fl 33160
	(Principal office address)
	(Current mailing address, if different)
3. Name and street	address of Florida registered agent: (P.O. Box NOT acceptable)
Name:	Charles I Taffee
Office Address:	7301-A W Palmetto Park Rd., Ste. 305C
	Boca Raton , Florida 33433 (City) (Zip code)
	(City) (Zip code)
lesignated in this of Further agree to co	nt's acceptance: of as registered agent and to accept service of process for the above stated corporation at the purplication, I hereby accept the appointment as registered agent and agree to act in this capace amply with the provisions of all statutes relative to the proper and complete performance of my miliar with and accept the obligations of my position as registered agent.

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.

(Registered agent's signature)

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

A. DIREC	CTORS		
Chairman:	Elias Egozi		
	18151 N.E. 31st Ct. Ste. 2014		
	Aventura, Fl 33160		
Vice Chairn	nan: Howard Scott Helfant		
Address: _	18151 N.E. 31st Ct. Ste. 2014		·
_	Aventura, Fl 33160		
Director: _	Alan Brown		
Address: _	18151 N.E. 31st Ct. Ste. 2014	_	
_	Aventura, Fl 33160		
Director: _			
Address: _		15/-	16
_		25 A	AON
B. OFFIC			00
President:	Elias Egozi	<u></u>	4
	18151 N.E. 31st Ct. Ste. 2014		): 20
	Aventura, Fl 33160		
Vice Preside	ent: Howard Scott Helfant		<del></del>
Address: _	18151 N.E. 31st Ct. Ste. 2014		
	Aventura, Fl 33160		
Secretary:	Alan Brown		
	18151 N.E. 31s Ct. Ste. 2014, Aventura, Fl 33160		
Treasurer:	Alan Brown		
Address: _	18151 N.E. 31st Ct., Ste. 2014, Aventura, Fl 33160		
NOTE: If	f necessary, you may attach an addendum to the application listing additional officers and	<del>l/or-direc</del> t	ors.
	Howard Scott Helfant		
are true an	Signature of Director or Officer r or director signing this document (and who is listed in number 11 above) affirms that the distance of the distance of the distance of the distance of the document of the Departme of the provided for in s.817.155, F.S.		
13	Howard HERANT		_
	(Typed or printed name and capacity of person signing application)		

## STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### **CALAVERAS MANAGEMENT GROUP INC**

is a

#### **Profit Corporation**

formed or qualified under the laws of Wyoming did on **October 11, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000729036**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 16th day of November, 2016 at 2:38 PM. This certificate is assigned 021483128.



ecretary of State

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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.