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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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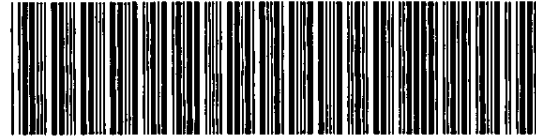
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 DEC 13 PM 3:02
STATE OF FLORIDA
TALLAHASSEE

T WASHINGTON

DEC 14 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACK CARD FLEET 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:

RINA ESTEROV, ESQ, CPA

Name of Person

RINA ESTEROV, ESQ, CPA

Firm/Company

143 HUGHES PLACE

Address

ALBERTSON, NY 11507

City/State and Zip code

RINA@ESTEROV.NET

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

For further information concerning this matter, please call:

RINA ESTEROV

516

248-9999

at (_____) _____

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. BLACK CARD FLEET 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. NEW YORK 3. 81-4056508
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/05/2016 5. _____
(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. 143 HUGHES PLACE, ALBERTSON, NY 11507
(Principal office address)
- _____
(Current mailing address, if different)

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

Name: GRIGORIY SHIMONOV

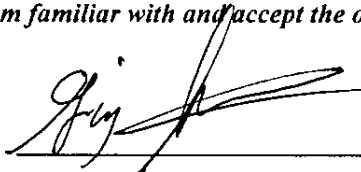
Office Address: 1890 S OCEAN DR #607

HALLANDALE, Florida 33009
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: GRIGORIY SHIMONOV

Address: 1890 S OCEAN DR #607

HALLANDALE, FL 33009

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President: GRIGORIY SHIMONOV

Address: 1890 S OCEAN DR #607

HALLANDALE, FL 33009

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. _____

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

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STATE
ADMINISTRATIVE
SERVICES, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BLACK CARD FLEET INC was filed on 10/05/2016, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



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SECRETARY OF STATE
ALBANY, NEW YORK

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 01st day of December two
thousand and sixteen.

Brendan W. Fitzgerald
Executive Deputy Secretary of State