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(Requ	uestor's Name)	
(Addr	ess)	****
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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N. CAUSSEAUX JUN - 9 2017

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CAT BUSINESS N	PANAGEMENT INCORPORATED
Name of corpor	ration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporatio "Certificate of Existence," or "Certificate of Good above reférenced foreign corporation to transact b	in for Authorization to Transact Business in Florida,"  I Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this r	matter to the following:  UAS
CAT BUSINESS MAN	NAGEMENT INTORPORATED
685 JEFFERSON AVEH	Company 6
MIAMI BEACH	Address, FL, 33139
colotruste gmail.com	ate and Zip code  (colotrustegmail.com)  ised for future annual report notification)
For further information concerning this matter, ple	Passe call:  205 774-5459  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 & ☐ \$87.50 Filing Fee,  Certified Copy  Certificate of Status &

Certified Copy



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 24, 2017

ALLEN THOMAS 1685 JEFFERSON AVE #6 MIAMI BEACH, FL 33139

SUBJECT: CAT BUSINESS MANAGEMENT INCORPORATED

Ref. Number: W17000025309

We have received your document for CAT BUSINESS MANAGEMENT INCORPORATED and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

ENCLOSEDS is the Delynne Centifica Letter Number: 717A00005660

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

SULCKE INVOLVE ALLES 48

### 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "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) or country under the law of which it is incorporated) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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.

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: Address: \_\_\_\_\_\_ Vice Chairman: Address: \_\_\_\_\_ Address: Director: \_ Address: **B. OFFICERS** President: Address: \_\_\_\_\_ Vice President: Address: Secretary: Address: Treasurer: Address: \_\_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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 felon // As provided for in s.817.155, F.S.

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

Page 1

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "CAT BUSINESS MANAGEMENT INCORPORATED"

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS

IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MAY,

A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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Authentication: 202577043

Date: 05-22-17

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SR# 20173286314