

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HUNTON & WILLIAMS
Account Number : I20000000236
Phone : (305) 810-2542
Fax Number : (305) 810-2460

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
BOOKITMD, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED
2017 AUG -7 PM 3:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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AUG 08 2017

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COVER LETTER**TO:** Registration Section
Division of Corporations**SUBJECT:** BOOKITMD, 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:

Uriel A. Mendieta

Name of Person

Hunton & Williams, LLP

Firm/Company

1111 Brickell Ave, Suite 2500

Address

Miami, Florida 33131

City/State and Zip code

cluna@bookitmd.com

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

For further information concerning this matter, please call:

Uriel A. Mendieta

305

536-2729

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

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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.

BOOKITMD, INC.

1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
38-4041873

2. Delaware (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)
07/03/2017 4. Perpetual (Date of incorporation) 5. (Date of duration, if other than perpetual)

N/A

6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

415 Santurce Ave., Coral Gables, Florida 33143

7. (Principal office address)

(Current mailing address, if different)

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

Name: Carlos Luna

Office Address: 415 Santurce Ave
Coral Gables, Florida 33143
(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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: N/A

Address: _____

Vice Chairman: N/A

Address: _____

Director: Carlos Luna

Address: 415 Santurce Ave., Coral Gables, Florida 33143

Director: Jeffrey B. Sussmane

Address: 415 Santurce Ave., Coral Gables, Florida 33143

B. OFFICERS

President: Carlos Luna

Address: 415 Santurce Ave., Coral Gables, Florida 33143

Vice President: N/A

Address: _____

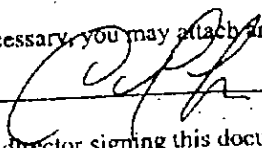
Secretary: Jeffrey B. Sussmane

Address: 415 Santurce Ave., Coral Gables, Florida 33143

Treasurer: Carlos Luna

Address: 415 Santurce Ave., Coral Gables, Florida 33143

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.

Carlos Luna, President

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

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BOOKITMD, INC." 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 SEVENTH DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOOKITMD, INC."
WAS INCORPORATED ON THE THIRD DAY OF JULY, A.D. 2017.

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



6465414 8300

SR# 20175603593

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203014334

Date: 08-07-17

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