

F17000004041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

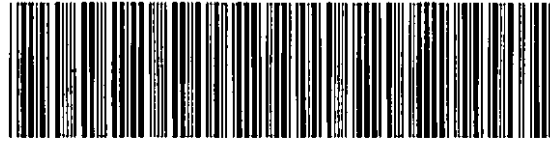
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/21/17--01017--008 **70.00

FILED
2017 SEP - 7 PM 4:06
CLERK OF SUPERIOR COURT
JANUARY 11 2018

SEP 07 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACKPOLL FLEET INTERNATIONAL 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:

Robbie Hicks

Name of Person

BLACKPOLL FLEET INTERNATIONAL LLC

Firm/Company

8411 W OAKLAND PARK BLVD Suite 201

Address

Sunrise, FL 33351

City/State and Zip code

mgmt@esamerica8411.com

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

For further information concerning this matter, please call:

Robbie Hicks

954

990-4200

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:

- | | | | |
|--------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--------------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2017

ROBBIE HICKS
8411 W OAKLAND PARK BLVD SUITE 201
SUNRISE, FL 33351

SUBJECT: BLACKPOLL FLEET INTERNATIONAL, INC.
Ref. Number: W17000069714

We have received your document for BLACKPOLL FLEET INTERNATIONAL, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

Letter Number: 817A00017455

RECEIVED
2017 SEP -7 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2017 SEP -7 PM 4:06
TALLAHASSEE, FLORIDA

**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. BLACKPOLL FLEET INTERNATIONAL, Inc. LLC
(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. NEVADA 3. 99-0367603
(State or country under the law of which it is incorporated) (FEI number, if applicable)

Perpetual

4. 07/10/2017 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. 07/10/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8411 W Oakalnd Park Blvd Suite 201, Sunirse, FL 33351
(Principal office address)
8411 W Oakalnd Park Blvd Suite. 201 Sunrise, FL 33351
(Current mailing address, if different)

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

Name: ROBBIE HICKS

Office Address: 8411 W OAKLAND PARK BLVD #201
SUNRISE, Florida 33351
(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.

Robbie D. Hicks
(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.

FILED
2017 SEP -7 PM 4:06
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: DAN ORAN

Address: 8411 W OAKLAND PARK BLVD SUITE 201

SUNRISE, FL 33351

Director: _____

Address: _____

B. OFFICERS

DAN ORAN

President: _____

Address: 8411 W OAKLAND PARK BLVD SUITE 201

SUNRISE, FL 33351

Vice President: _____

Address: _____

Secretary: DAN ORAN

Address: 8411 W OAKLAND PARK BLVD SUITE 201 SUNRISE, FL 33351

Treasurer: DAN ORAN

Address: 8411 W OAKLAND PARK BLVD SUITE 201 SUNRISE, FL 33351

2011 SEP - 7 PM 4:06
TALLAHASSEE, FLORIDA

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. _____

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

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **BLACKPOLL FLEET INTERNATIONAL, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 11, 2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on September 1, 2017.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

Barbara K. Cegavske
Secretary of State



Electronic Certificate
Certificate Number: C20170901-1877
You may verify this electronic certificate
online at <http://www.nvsos.gov/>