(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800305080248

10/30/17--01021--005 *78.75

MD

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 02 COIN, /A	C.
SUBJECT: 02 colw, /A Name of corporati	on - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stabove referenced foreign corporation to transact business."	tanding" and check are submitted to register the
Please return all correspondence concerning this mat	ter to the following:
TERRY A	TRONSON
Name o	of Person
OZ COIN	INC
Firm/Co	/NC.
1835 E. HALLANDALE A	Reva STE: 640
Ad	dress
HACCANDACE FL 33 City/State	009
City/State	and Zin code
TERRY ARMENIES	CHALL COM
TERRY ARONS ON 18 @ E-mail address: (to be use	d for future annual report notification)
For further information concerning this matter, pleas	
TERRY ARONSON at 75	4, 209 8204
Name of Person at (75 Area C	ode Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
□ \$70.00 Filing Fee & S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

		IATUTES, THE FOLLOWING IS SUBMITTEL BUSINESS IN THE STATE OF FLORIDA.	770
1. 02 cow. 1	NC		
(Enter name of corporation; mu: "Inc.," "Co.," "Corp.," "Inc." "C		"COMPANY," "CORPORATION,"	
(If name unavailable in Florida,	enter alternate corporate name a	adopted for the purpose of transacting business in F	lorida)
Z TEXAS U) S A 3.		
		(FEI number, if applicable)	
4. /2 JANUARY	1 2017 5.	(Date of duration, if other than perpetual)	<u> </u>
		(Date of duration, if other than perpetual)	
6. <u>(0 Mare</u>	H 2017		<u> </u>
(SEE	SECTIONS 607 1501 & 607.15	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	1 7
7. <u>5930</u> L	BT FREEWAY	SUITE 401 DALLAS TX 75240 pal office address) u BLUD STE 640 HALLA WDALL ng address, if different)	0 6/0 /
, C3. C =	Princip	an onice address)	_ = ≂ ₹3∞
	· НА (САМ З ДСЕ ОСА (Current mailir	ne address. if different)	+ 5
	·		
8. Name and street address of I	² lorida registered agent: (P.C	D. Box NOT acceptable)	19 TI
Name: TEN	AY ARONSON	<u> </u>	
Office Address:	5 E. HAUANDACE	BON BLUD SK 640	17 BCT 30 PH 1:5
HAC	CANDACE FC	, Florida	-
	(City)	(Zip code)	
9. Registered agent's accepta	nce:		1
Having been named as register designated in this application, further agree to comply with th	red agent and to accept servi I hereby accept the appointn he provisions of all statutes r	ice of process for the above stated corporation ment as registered agent and agree to act in the elative to the proper and complete performan of my position as registered agent.	is capacity. I
	1 Jan		
	(Registered a	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.

H. Names and	business addresses of officers and/or directors:
A. DIRECTO	
Chairman:	TERRY ARONSON
Address:	1835 E. HAWANDACE BCA BLUD STE 640
	HAKLANDAKE FC 33009
Vice Chairman:	
	!
Disastas	
Address:	
	
Director:	
Address:	
	· · · · · · · · · · · · · · · · · · ·
B. OFFICERS	;
President:	TENY ANOUSON
Address:	1835 E. AALCANDAGE BOH BLVD STEGED
	HAICANDACE FC 33009
Vice President:	
	ur ur
riddiess.	- i u
Carrotogu	TERRY AROUSON
Addison	
	essary, you may attach an addendum to the application listing additional officers and/or directors.
12	Signature of Director or Officer
are true and tha	director signing this document (and who is listed in number 11 above) affirms that the facts stated herein it he or she is aware that false information submitted in a document to the Department of State constitutes elony as provided for in s.817.155, F.S.
13.	1. 001 20000 1 /210000
	(Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for OZcoin, Inc. (file number 802623826), a Domestic For-Profit Corporation, was filed in this office on January 11, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 26, 2017.





Rolando B. Pablos Secretary of State

Fax: (512) 463-5709 TID: 10264 Diał: 7-1-1 for Relay Services Document: 768943970003

Phone: (512) 463-5555 Prepared by: SOS-WEB