F/700000548/

(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:				
< \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.				
Sign W17-87136				
Office Use Only				



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SECRETARY OF SIMIS.

K. SALY DEC - 6 2017

COVER LETTER

TO:	Registration Section Division of Corporations				
	GoBoxGo, Inc.				
SUBJ	JECT:			- 1 - 1 - 4 0° -	
	Name	e or corporation	n - mu	st include suffix	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign C ficate of Existence," or "Certifica referenced foreign corporation to	te of Good Sta	anding'	and check are subm	
Please Kenne	return all correspondence concer th Rubi	ning this matt	er to th	e following:	
GoBo	xGo, Inc.	Name o	f Perso	n	<u> </u>
2330 5	SW 59th Ave	Firm/Co	mpany		
Miami	, Florida 33155	Add	ress		
k.rubi	@umiami.edu	City/State	and Zi	code	
	E-mail addre	ss: (to be used	for fu	ure annual report no	etification)
For fu	rther information concerning this	matter, please	call:		
Kenneth Rubi		305	305 744-2020		
	Name of Person	at (Area Co) de	Daytime Telepho	one Number
	STREET/COURIER ADDRE Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclos	sed is a check for the following an	nount:			
□ \$79	0.00 Filing Fee			.75 Filing Fee & tified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

٠.	GoBoxGo Inc.			
		orporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	ÔMPANY," "CORPÒRATION	J ,"
	(If name unavaila Delaware	ible in Florida, enter alternate corporate name adop	ted for the purpose of transacting	g business in Florida)
2.	<u></u>	y under the law of which it is incorporated)		
	May 8, 2017			
4.		of incorporation) 5		
	(Date	of incorporation)	(Date of duration, if other	than perpetual)
6.				
7	1172 South Dixie Coral Gables Fl. 3	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, Hwy., Suite #214 33146		ty)
7.			ffice address)	
		(Carrier C	,	
		(Current mailing ac	Identification	
		(Current maning ac	diess, ii different)	FI REC EEEE
8.	Name and stree	et address of Florida registered agent: (P.O. B Kenneth Rubi	ox <u>NOT</u> acceptable)	SSS 1
	Name:			
		1172 South Dixie Hwy., Suite #214		i sign
O	ffice Address:	Coral Gables	- 33146	PA 7: 03
		Cotal Gables 55146		•
		(City)	(Zip code)	
		(5.5)	(<u></u> , 1919)	
		ent's acceptance:	.C Co 4b o	d
H de fu	aving been nam esignated in this orther agree to co	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointmen comply with the provisions of all statutes relate familiar with and accept the obligations of my	t as registered agent and agr tive to the proper and comple	ee to act in this capacity. I te performance of my

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:	\mathcal{Z}_{I} .
A. DIRECTORS Kenneth Rubi	PALLAHASAY OF S
Chairman: 2330 SW 59th Ave	See As .
Address: Miami, FL 33155	SECRETARY OF STATE
Brian Gillespie	ORION
Vice Chairman: 1515 San Remo Ave, Apt. D7	
Address: Coral Gables, FL 33146	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS Kenneth Rubi President: 2330 SW 59th Ave	
Address:	
Miami, FL 33155	
Brian Gillespie Vice President:	
1515 San Remo Ave, Apt. D7 Address:	
Coral Gables, FL 33146	
Secretary:	
Address:	
Freasurer:	
Address:	
NOTE: If necessary, you may attach an addepdum to the application listing ad	ditional officers and/or directors.
12. Fund + Kubl Signature of Director or Officer	
The officer or director signing this document (and who is listed in number 11 al are true and that he or she is aware that false information submitted in a docume a third degree felony as provided for in s.817.155, F.S. Kenneth Rubi, President	
13	analization)
(Typed or printed name and capacity of person signing	аррисацоп)



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

DELAWARE, DO HEREBY CERTIFY "GOBOXGO 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 SIXTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GOBOXGO INC."

WAS INCORPORATED ON THE EIGHTH DAY OF MAY, A.D. 2017.

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

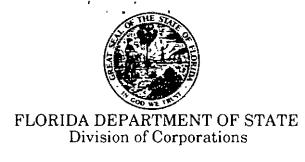




Authentication: 203359808

Date: 10-06-17

6404530 8300 SR# 20176510500



October 31, 2017

KENNETH RUBI GOBOXGO, INC. 2330 SW 59TH AVE MIAMI, FL 33155

SUBJECT: GOBOXGO INC. Ref. Number: W17000087136

We have received your document for GOBOXGO INC, and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with 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.

Karen A Salv Regulatory Specialist II

Letter Number: 817A00022013