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(Requestor's Name) (Address) (Address)	200312392292
(City/State/Zip/Phone #)	04./30/1801045007 **70.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	EVIN APR 30 AM 10: 34 SUCRETARY OF STATE MULLAHASSEE, FLORIDA
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COVER LETTER

TO: **Registration Section Division of Corporations**

SUBJECT: Book Bros 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:

Lisa Shults

	Name of Pe	rson
	Firm/Compa	any
2248 Meridian Blvd Ste H		
	Address	
Minden, NV 89423		
	City/State and	Zip code
LSHULTS@CORPORATEDIRECT.COM		
E-mail address: (to be used for	future annual report notification)
For further information concerning this mat	ter, please cal	1:
Lisa Shults at	(775)	284-7167
Name of Person	Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

7 \$70.00 Filing Fee

□ \$78.75 Filing Fee & Certificate of Status □ \$78.75 Filing Fee & Certified Copy

P.O. Box 6327

Tallahassee, FL 32314

□ \$87.50 Filing Fee. Certificate of Status & Certified Copy

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.	R001	K Bros Inc.	
•••	***		

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

(If name unavail	able in Florida, enter alternate corporate na	me a	adopted for the purpose of transacting business in Florida)		
2 Wyoming		3.			
(State or countr	y under the law of which it is incorporated))	(FEI number, if applicable)		
05/30/2014		5.	Perpetual		
(Date	e of incorporation)		(Date of duration, if other than perpetual)		
5. 04/17/2018					
60 East Simpson			Florida, if prior to registration) 02, F.S., to determine penalty liability)		
·		ncip	al office address)		
	(Current ma	ailin	g address, if different)		
 Name and <u>stree</u> 	et address of Florida registered agent: ((P.C	D. Box <u>NOT</u> acceptable)		
Name:	Registered Agents Inc.		253 SS2		
Office Address:	3030 N. Rocky Point Dr. STE 150A		Florida <u>33607</u>		
	Tampa		Florida 33607		
	(City)		$\frac{1}{(Zip \text{ code})} \qquad $		

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.

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Registered Agents Inc. Bill Havre - Assistant Secretary

(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.

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

A. DIRECTORS

Chairman:	Chandler D. Bolt			<u> </u>
Address:	50 East Simpson Ave., #2869, Jackson, WY 83001			
_				
vice Chair	man:			
	·			
_				
Director: _	Chandler D. Bolt			
\ddress:	60 East Simpson Ave., #2869, Jackson, WY 83001			
_	· · · · · · · · · · · · · · · · · · ·			
Director: _				
_				
3. OFFI	CERS			
President:	Chandler D. Bolt	·(
Address: 60 East Simpson Av	0 East Simpson Ave., #2869, Jackson, WY 83001		2018	
		UE 12	APR	T
/ice Presid	ent:	SEL	ЗŨ	F
			AH I	Ē
			10: 3.	\mathbf{C}
ecretary:	Chandler D. Bolt	1-	•	
Address: _f	0 East Simpson Ave., #2869, Jackson, WY 83001			
reasurer:	Chandler D. Bolt			
۰ ddress: ۴				

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. Chandler D. Bolt, President

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

STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Book Bros, Inc. is a Profit Corporation

formed or qualified under the laws of Wyoming did on **May 30, 2014**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2014-000665930**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of April, 2018 at 9:47 AM. This certificate is assigned 026282127.



Edward

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.