F/80000023333

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
(Secument Names)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W18-30569 Cno+ Penalty
Office Use Only



000310940480

03/26/18--01023--005 **70.00

05/16/18--01020--024 **630.00

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PM 2: 07 GESTATE LELERDA

K SALY MAY 17 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Black-SKY112 Apparch 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:
Pashad Butter
Name of Person
BLACKSKULIZ APPAREL INC.
Firm/Company
3825 Heath Circle S.
Address
NIGH Halm Beach, FL 33407
City/State and Zip code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Varioni Co Marmat 305 8605970 &+ 305 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 S70.00 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy S87.50 Filing Fee, 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.

(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Current mailing address, if different) (Current mailing address, if different) Name: 2CSCOL J. BUHCC Office Address: 3825 HCOHC CV. S.	"Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adoption of the corporate name adoption of	pted for the purpose of transacting business in Florida)
(Date of incorporation) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (Current mailing address, if different) (Current mailing address, if different) Name: 205000 J. Buffer Office Address: 3825 Hooff Cur. S.		
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3825 TTCOHN CW. S. WCH POLM BCOCK, FL 334 (Principal office address) (Current mailing address, if different) Name: BCSSCOL J. BUHCY Office Address: 3825 HCOHN CW. S.	(State or country under the law of which it is incorporated)	(FEI number, if applicable)
(Date first transacted business in Florida, if prior to registration) (SIEE SIECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3825 TTOHO CW. S. WCF POIM BOWL, FL 334 (Principal office address) (Current mailing address, if different) Name: Pashad J. Buffer Office Address: 3825 Hooff Cir. S.	·	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3825 TTOH CY. S. WCF POIM BCOCK POINT BCOC	(Date of incorporation)	(Date of duration, if other than perpetual)
(Current mailing address, if different) Name: Bashad J. Buhtar Office Address: 3825 Hooth Cir. S.		
(Current mailing address, if different) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Pashacl J. Butter Office Address: 3825 Hooth Cir. S.	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502.	orida, if prior to registration) F.S., to determine penalty liability)
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Pashacl J. Butter Office Address: 3825 Hooth Cir. S.	3825 trath CV S	i. With Palm Broch of 33
Name: Pashad J. Butter Office Address: 3825 Hooth Cir. S.	(Principal o	office address)
Name: Pashad J. Butter Office Address: 3825 Hooth Cir. S.	•	
Name: Pashad J. Butter Office Address: 3825 Hooth Cir. S.	(Current mailing ac	ddress, if different)
Office Address: 3825 Hooth Cir.S.		生
Office Address: 3825 Hooth Cir.S.	. Name and street address of Florida registered agent: (P.O. B	ox NOT acceptable)
Office Address: 3825 Hooth Cir.S.	Name: Rashad J. Butto	
57 9	Office Address: 3825 Hooth Cir. S	ST. 2:
		1) / 21 ~ 1
(City) Florida (Zip code)	TOUT TOUT DOWN	

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.

(flegistered 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.

A. DIRE	CCTORS
Chairman:	Rashad J. Butter
Address:	3825 HOHM CIV. S.
_	West Palm Prouch = 33400
Vice Chair	man:
_	
Director:	· · · · · · · · · · · · · · · · · · ·
	15.5 6
Address	
D:	
Address: _	
Address: _	Wast Palm Beoch, Pl 33407
	dent:
Address: _	
-	
Address: _	
Treasurer:	
_	
NOTE: I	f necessary, you may attach an addendum to the application listing additional officers and/or directors.
12	
The office	Signature of Director or Officer r or director signing this document (and who is listed in number 11 above) affirms that the facts stated l
are true an	id that he or she is aware that false information submitted in a document to the Department of State construct fellows as provided for in s.817.155, F.S.

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BLACKSKULLZ APPAREL 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 TWELFTH DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BLACKSKULLZ

APPAREL INC." WAS INCORPORATED ON THE THIRTY-FIRST DAY OF AUGUST,

A.D. 2017.

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

18 MAY 16 PM 2: 07
SECRETARY OF STATE



Authentication: 202499351

Jeffrey W. Bullock, Secretary of State

Date: 04-12-18

6528148 8300 SR# 20182635375



March 29, 2018

RASHAD BUTLER BLACKSKULLZ APPAREL INC. 3825 HEATH CIR. S. WEST PALM BEACH, FL 33407

SUBJECT: BLACKSKULLZ APPAREL INC.

Ref. Number: W18000030569

We have received your document for BLACKSKULLZ APPAREL INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

There is a balance due of \$650.00.

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 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 Saly Regulatory Specialist II

www.sunbiz.org

Letter Number: 718A00006383