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COVER LETTER

TO: Registration Section Division of Corporations			
BENEVOLENT E-LIQUID	S INC		
SUBJECT:			
Name	of corporation	must include suffix	
Dear Sir or Madam:			
, , , , , , , , , , , , , , , , , , ,	te of Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.	
Please return all correspondence concern MICHAEL S. GAWEL	ning this matter	to the following:	
BENEVOLENT E-LIQUIDS INC.	Name of P	erson	
5795 TRANSIT ROAD	Firm/Comp	any	
DEPEW, NY 14043	Addres	S	
michael@benevolenteliquids.com	City/State an	d Zip code	
E-mail addres	ss: (to be used fo	r future annual report notification)	
For further information concerning this	matter, please ca	11:	
MICHAELS. GAWEL	716 at (622-0700	
Name of Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following an	nount:		
\$70.00 Filing Fee \$78.75 Filing Certificate		\$78.75 Filing Fee & S87.50 Filing Fee. Certified Copy 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. BENEVOLENT E-LIQUIDS INC (Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") BENEVOLENT ELIQUIDS INCORPORATED (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 82-4194302 (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) 11/1/2018 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 5795 TRANSIT ROAD DEPEW NY 14043 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) KATHLEEN HENDERSON Name: 1858 SW PALM CITY ROAD, SUITE 205 Office Address: STUART

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.

(City)

(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 business addresses of officers and/or directors:
A. DIRECTORS

19 m 1 g 115

A. DIK	VICTOR CANASTRARO	
Chairman	VICTOR CANASTICANO	
•	8105 OLD POST ROAD W	•
Address:	EAST AMHERST, NY 14051	
		·
	MICHAEL S. GAWEL	
Vice Cha	irman:	
Address:	159-67TH STREET	
, taaness,	NIAGARA FALLS, NY 14304	
Diractor	DAWN CANASTRARO	
Director.	\$105 OLD POST ROAD W	
Address:		
	EAST AMHERST, NY 14051	Si.a
		<u> </u>
Director:		T T
Address:		
		", P
		2:
B. OFF		11 N
Procident	VICTOR CANASTRARO	
riesidem	\$105 OLD POST ROAD	40
Address:		
	EAST AMFHERST, NY 14051	
	MICHAEL S. GAWEL	V-1
Vice Pres	sident:	
	159-67 TH STREET	
Address:	NIAGARA FALLS, NY 14304	
	MACHINA TALLISTAT 1991	
	DAWN CANASTRARO	
Secretary	8105 OLD POST ROAD W EAST AMHERST NY 14051	
Address:		
,	MICHAEL S. GAWEL	
Treasurer	C CONTROL CONT	
Address:	159-67TH STREET NIAGARA FALLS, NY 14304	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers a	nd/or directors.
10	Michael S. Stawee Signature of Director or Officer	
12	Signature of Director or Officer	
The offi	cer 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 Departm	ent of State constitutes
	legree felony as provided for in s.817.155, F.S.	
13.	Michael S. Gawel CEO	
13	(Typed or printed name and capacity of person signing application)	

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of BENEVOLENT ELIQUIDS INC. was filed on 01/18/2018, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of September two thousand and eighteen.

Brendan W. Fitzgerald
Executive Deputy Secretary of State