

F190000000180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

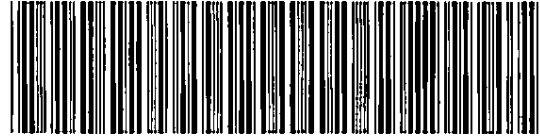
Special Instructions to Filing Officer:

W18-95012

cus/name
N/A

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Office Use Only



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STATE OF FLORIDA
TALLAHASSEE, FL

2019 JAN -9 PM 2:55

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10/17/18--01018--010 **70.00

RECEIVED

OCT 15 2018

JAN 10

S. PRAHE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2018

SUCCESS BUSINESS SOLUTION
2751 S. CHICKASAW TRAIL
STE 106
ORLANDO, FL 32829

SUBJECT: MARIET OSTOS
Ref. Number: W18000095012

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

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 518A00022261

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keep It up, 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:

Mariet Ostos

	Name of Person
Success Business Solution	
	Firm/Company
2751 S Chickasaw trail Ste 106	
	Address
Orlando, FL 32829	
	City/State and Zip code
mostos@marietostos.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Mariet Ostos	407	7454684
	at ()	
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:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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.

KEEP IT UP, INC

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

Keep it up Florida, INC

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
NEW YORK

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
05/22/2007 N/A

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
09/01/2018

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
1867 SEVENTH AVE STE 2E NEW YORK, NEW YORK 10026

7. _____
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

MARIET OSTOS

Name:

2751 S. CHICKASAW TRAIL STE 106

Office Address:

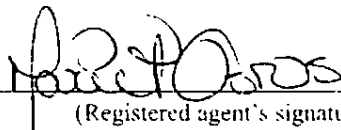
ORLANDO

32829

_____, Florida _____
(City) (Zip code)

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.



(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.

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

A. DIRECTORS

PRISCILLA NUNEZ

Chairman: _____
1867 SEVENTH AVE STE 2E

Address: _____
NEW YORK, NEW YORK, 10026

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

PRISCILLA NUNEZ

President: _____
1867 SEVENTH AVE STE 2E

Address: _____
NEW YORK, NEW YORK, 10026

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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.

PRISCILLA NUNEZ

13. _____

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

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TALLAHASSEE, FL

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of KEEP IT UP, INC. was filed on 05/22/2007, 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.

The Biennial Statement is past due.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 03rd day of January two
thousand and nineteen.*

Whitney Clark
Deputy Secretary of State