F1900000191

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE

APPROVEÜ AND FILED



COVER LETTER

10:	Registration Sec Division of Corp				FILIN	IG CANCELLED
Contrara e	·		MPOL SYST	TEMS INC	DUE	TO RETURNED CHECK
SUBJ	ECT:	Name of	corporation	- must include	suffix	
IX or S	Sir or Madam:					
Dear a	on or wadam.					
"Certi	ficate of Existence	on by Foreign Corp :," or "Certificate of corporation to tran	f Good Stan	ding" and ched	to Transac ck are subr	t Business in Florida," mitted to register the
Please	return all correspo	ondence concerning			າຍ:	
			JOHNNY H	ORNE		
		-	Name of F	erson		
		7301A W PA	Firm/Comp JLMETTO Pa	oany ARK RD STE 1		
			Addre	SS		
		F:	OCA RATO	N. FL 33433		
	, <u> </u>		City/State an	•	·	
			ojohnnyhorne			
		E-mail address: (to be used to	r future annua	il report no	Ottification)
For fur	ther information c	oncerning this mat	er, please ca	all:		
	JOHNNY HORNE	n.I.	561	373-1731		
	Name of Person	at	Area Code	373-1731 _)	ne Telepho	one Number
	STDEPT/CANA	MEN AMMINESS		24.1	F 15'67 IS	
	Registration Sect	GER ADDRESS: ion			LING AD tration Sec	
Division of Corporations			Division of Corporations			
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				P.O. Box 6327 Tallahassee, FL 32314		
Enclose	ed is a check for th	e following amoun	ŧ:			
≘ \$70	.00 Filing Fee	S78.75 Filing F Certificate of S		\$78.75 Filing Certified Cop		S87.50 Filing Fee, Certificate of Status & Certified Conv

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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.

NEW YORK	able in Florida, enter alternate corporate nar	3.	83-2808703	ing business in riorida)	,	
(State or country under the law of which it is incorporated) 02-18-2015			(FEI number, if applicable) PERPETUAL			
(Date	of incorporation)	•'•	(Date of duration, if other	er than perpetual)		
	(Prir	neip	TE 100A BOCA RATON, FL 33- al office address) g address, if different)		_	
Name and stree	t address of Florida registered agent: (JOHNNY HORNE			2019 JAN - 2 SECRETARY TALLAHASSE	FA.	
ffice Address:	7301A W PALMETTO PARK RD STE	100	A	F.F.	30	
	BOCA RATON (City)		. Florida	9: 13 STATE ORID		
	ent`s acceptance:		(Zip code)			

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.

1f. Names and business addresses of officers and/or directors:	FILING CANCELLED DUE TO RETURNED CHECK					
A. DIRECTORS						
Chairman:						
Address:						
Vice Chairman:						
Address:						
JOHNNY HORNE						
Director: 7301A W PALMETTO PARK RD STE 100A BOCA RATON, I Address:	F1 33.133					
Director:						
Address:						
B. OFFICERS President: JOHNNY HORNE	F1. 33433					
Vice President:	7.0 🞖					
Address:	>2 € √					
Secretary:	OF S					
Address;JOHNNY HORN	7A TE					
Treasurer:	FL 33433					
NOTE: If necessary, you may attach an addendum to the application 2. Signature of Director or Company this document (and who is listed in number of the conficer or director signing this document (and who is listed in number of the conficer or director signing this document (and who is listed in number of the conficer or director signing this document (and who is listed in number of the conficer or director signing this document (and who is listed in number of the conficer or director).	on listing additional officers and/or directors. Officer (mber 11 above) affirms that the facts stated herein (mainly and mainly and mainly affirms that the facts stated herein)					
are true and that he or she is aware that false information submitted in third degree felony as provided for in s.817.155, F.S. JOHNNY HORN	n a document to the Department of State constitutes PRESIDENT					

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

13.

PRESIDENT

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State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of YEMPOL SYSTEMS INC was filed on 02/18/2015, 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. I further certify the following:

A Biennial Statement was filed 12/14/2018.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of December two thousand and eighteen.

Whitney Clark
Denote Segretary of State

Deputy Secretary of State

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