F19000000400

| (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: |
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Office Use Only



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> 2019 JAN 18 AM II: 22 SECRETARY OF STATE

APPROVED AND FILED

16.191

COVER LETTER

| Division of Corporations | | |
|--|--|--|
| SUBJECT: LASER RE-NU INTENATIONAL, 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: | | |
| CHRISTOPHER GOSHKARIAN | | |
| Name of Person | | |
| LASER RE-NU INTERNATIONAL, INC | | |
| Firm/Company | | |
| 1417 SADLER 120 #413 | | |
| Address | | |
| FERNANDINA BEACH, FL 32034 City/State and Zip code | | |
| | | |
| CHRISTOPHERC LASERRENU, COM | | |
| E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: CHRISTOPHER | | |
| _(105HKARIAN at (202) 827-8715 | | |
| Name of Person Area Code Daytime Telephone Number | | |
| | | |
| STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section | | |
| Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 | | |
| 2661 Executive Center Circle Tallahassee, FL 32314 | | |
| Tallahassee, FL 32301 | | |
| Enclosed is a check for the following amount: | | |
| \$70.00 Filing Fee \$\Boxed{\square}\$ \$78.75 Filing Fee & \$\Boxed{\square}\$ \$78.75 Filing Fee & \$\Boxed{\square}\$ \$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 REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINES | |
|--|--|
| LASER RE-NU INTERNATION | |
| (Enter name of corporation; must include "INCORPORATED." "COMP "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") | |
| (If name unavailable in Florida, enter alternate corporate name adopted for | • • |
| 2. STATE OF DZLAWARE 3. | 86-0811762 |
| (State or country under the law of which it is incorporated) | (FEI number, if applicable) |
| 4. DEC 267H 1995 5. | |
| | (Date of duration, if other than perpetual) |
| 6NA | |
| (Date first transacted business in Florida, (SEE SECTIONS 607.1501 & 607.1502, F.S., | to determine penalty liability) |
| 7. 1712 PUSKIN LANE FERNANI (Principal office a | |
| 1417 SADLER RD *413 FEEN | · |
| (Current mailing address | . if different) |
| | - 2 |
| 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box Name and Street address) | |
| Name: CHRISTOPHER GUSHKARI | |
| Office Address: 1712 RUSKIN LANE | AND AND 18 A |
| FERNANDINA BEACH . FI | orida 32034 FS = 0 |
| (City) | (Zip code) |
| | |
| Having been named as registered agent and to accept service of pro- designated in this application, I hereby accept the appointment as r further agree to comply with the provisions of all statutes relative to duties, and I am familiar with and accept the obligations of my pos- | egistered agent and agree to act in this capacity. I the proper and complete performance of my |
| (De Sun | de |
| (Registered agent's sig | enature) |

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 Vice Chairman: _____ **B. OFFICERS** Vice President: ___ ___ Treasurer: SAMS AS NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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 third degree felony as provided for in s.817.155, F.S. CHRISTOPHER GOSHKARIAN, PRESIDENT

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



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

DELAWARE, DO HEREBY CERTIFY "LASER RE-NU INTERNATIONAL, 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 SEVENTEENTH DAY OF DECEMBER,

A.D. 2018.

Authentication: 204120237

Date: 12-17-18