

F19000003103

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : Vcorp SERVICES, LLC  
Account Number : 126080000067  
Phone : (845) 425-0077  
Fax Number : (845) 619-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FOREIGN PROFIT/NONPROFIT CORPORATION

BNVS Holding, Inc.

Certificate of Status	0
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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.*

BNVS Holding, Inc.

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

(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)

July 23, 2013

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1035 Northeast 172nd Terrace, Miami Beach, FL 33162

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Vcorp Services, LLC

Office Address: 5011 South State Road 7, Suite 106

Davie, Florida 33314  
(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

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Nathan Schwartz ✓

Address: 1035 Northeast 172nd Terrace, Miami Beach, FL 33162

Director: \_\_\_\_\_

Address: \_\_\_\_\_

## B. OFFICERS

President: Nathan Schwartz ✓

Address: 1035 Northeast 172nd Terrace, Miami Beach, FL 33162

Vice President: Nathan Schwartz ✓

Address: 1035 Northeast 172nd Terrace, Miami Beach, FL 33162

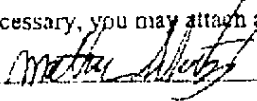
Secretary: Nathan Schwartz

Address: 1035 Northeast 172nd Terrace, Miami Beach, FL 33162

Treasurer: Nathan Schwartz

Address: 1035 Northeast 172nd Terrace, Miami Beach, FL 33162

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.

13. Nathan Schwartz, President

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

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**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of BEVS HOLDING, INC. was filed on 07/23/2013, under the name of THE TILE GALLERY EXPERIENCE, INC., 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 certificate changing name to BEVS HOLDING, INC. was filed on 06/27/2019.  
The Biennial Statement is past due.

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 03rd day of July  
two thousand and nineteen.

*Brendan C. Hughes*

Brendan C. Hughes  
Deputy Secretary of State

2019 JUL -8 PM 4:39  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

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