

F19000003776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000074478

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT

AUG 16 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2019

ANDREW ROHNE
4501 W. DEYOUNG ST.
STE:200
MARION, IL 62959

SUBJECT: POOCHES OF WEBSTER, INC
Ref. Number: W19000074478

We have received your document for POOCHES OF WEBSTER, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 219A00016593

COVER LETTER

TO: Registration Section
Division of Corporations
POUCHES OF WEBSTER, INC

SUBJECT: _____
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:
ANDREW ROHNE

Name of Person
THE CENTER FOR FINANCIAL LEGAL AND TAX PLANNING, INC.

Firm/Company
4501 W. DEYOUNG ST. STE. 200

Address
MARION, IL 62959

City/State and Zip code
ANDREW@TAXPLANNING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW ROHNE 618 997-3436

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:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$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.*

POOCHES OF WEBSTER, INC

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

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

TEXAS

84-2500027

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

JULY 24, 2019

N/A

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

N/A

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

19722 GULF FWY WEBSTER TX 77598

7. _____
(Principal office address)

(Current mailing address, if different)

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

DR. BART BASI

Name: _____

603 LONGBOAT CLUB RD. #101

Office Address: _____

LONGBOAT KEY

34228

_____, 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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: LUIS MARQUEZ ✓

Address: 15522 NW 82 PLACE

Address: MIAMI LAKES, FL 33016

Director: LUIS B. MARQUEZ ✓

Address: 8625 NW 169 TERRACE

Address: MIAMI LAKES, FL 33016

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B. OFFICERS

President: LUIS MARQUEZ ✓

Address: 15522 NW 82 PLACE

Address: MIAMI LAKES, FL 33016

Vice President: LUIS B. MARQUEZ ✓

Address: 8625 NW 169 TERRACE

Address: MIAMI LAKES, FL 33016

Secretary: LUIS MARQUEZ ✓

Address: 15522 NW 82 PLACE MIAMI LAKES, FL 33016

Address: LUIS MARQUEZ ✓

Treasurer: 15522 NW 82 PLACE MIAMI LAKES, FL 33016

Address: _____

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

12. *Luis Marquez - Director*
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. LUIS MARQUEZ-PRESIDENT/DIRECTOR

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

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

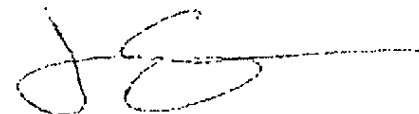
Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for POOCHES OF WEBSTER, INC (file number 803376540), a Domestic For-Profit Corporation, was filed in this office on July 24, 2019.

It is further certified that the entity status in Texas is in existence.

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TALLAHASSEE, FLORIDA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 13, 2019.

A handwritten signature of Jose A. Esparza in black ink.

Jose A. Esparza
Deputy Secretary of State