

F19000004052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

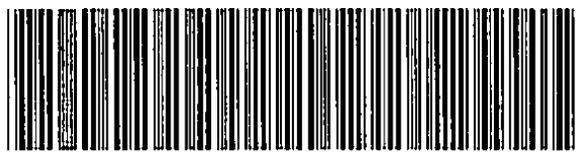
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300333116783

08/27/19--01023--019 **78.75

2019 AUG 27 PM 4:17

F1150

B KINSEY
SEP 04 2019

COVER LETTER

TO: Registration Section
Division of Corporations
POOCHES OF BELLAIRE, 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	618	997-3436
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

2019 AUG 27 PM 4:17
FBI

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 BELLAIRE, 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) TEXAS 84-2747589

2. (State or country under the law of which it is incorporated) 8/15/2019 3. (FEI number, if applicable)

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

6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4512 S. BROADWAY AVE. A1 TYLER, TX 75703

7. (Principal office address) 8181 NW 154TH ST. STE. 270 MIAMI LAKES, FL 33016 (Current mailing address, if different)

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

Name: BART A. BASI Office Address: 603 LONGBOAT CLUB RD. LONGBOAT KEY, Florida (City) (Zip code)

2019 AUG 27 PM 4:18

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. 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.

Bart A. Basi

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application 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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: LUIS MARQUEZ

Address: 1610 NW 82 PLACE

Address: MIAMI LAKES, FL 33016

Director: LUIS B. MARQUEZ

Address: 8625 NW 169 TERRACE

Address: MIAMI LAKES, FL 33016

B. OFFICERS

President: LUIS MARQUEZ

Address: 1610 NW 82 PLACE

Address: MIAMI LAKES, FL 33016

Vice President: LUIS B. MARQUEZ

Address: 8625 NW 169 TERRACE

Address: MIAMI LAKES, FL 33016

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.

13. LUIS MARQUEZ - President

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

2019 AUG 27 PM 4:18
FILED



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 BELLAIRE, INC. (file number 803395134), a Domestic For-Profit Corporation, was filed in this office on August 15, 2019.

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

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 19, 2019.



A handwritten signature in black ink, appearing to read "Jose A. Esparza".

Jose A. Esparza
Deputy Secretary of State