

FI90000004134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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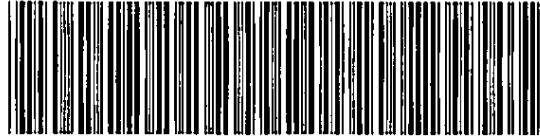
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP -3 AM 7:40

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SEP 09 2019

COVER LETTER

TO: Registration Section
Division of Corporations
CAR BUCKETS CORP.

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:
Christopher A. DiSchino, Esq.

Name of Person
DiSchino & Schamy

Firm/Company
4770 Biscayne Blvd., Suite 1280

Address
Miami, FL 33137

City/State and Zip code
christopher@dsmiami.com

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

For further information concerning this matter, please call:

Christopher DiSchino 786 581-2542

Name of Person at () 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.*

CAR BUCKETS CORP.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. _____ 3. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable)
DELAWARE 46-1091712
4. _____ 5. _____
(State or country under the law of which it is incorporated) (Date of duration, if other than perpetual)
08-08-2019
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
08-16-2019
7. _____
(Principal office address)
2200 NW 2ND AVE., SUITE 104, MIAMI, FL 33127
- _____ (Current mailing address, if different)

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

Name: ALEXANDRA ESTEVE
2200 NW 2ND AVE., SUITE 104
Office Address: MIAMI 33127
_____, Florida _____
(City) (Zip code)

2019 SEP -3 AM 7:40

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.


alex esteve (Aug 29, 2019)

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

ALEXANDRA ESTEVE

President: _____

2200 NW 2ND AVE., SUITE 104, MIAMI, FL 33127

Address: _____

ALEXANDRA ESTEVE

Vice President: _____

2200 NW 2ND AVE., SUITE 104, MIAMI, FL 33127

Address: _____

ALEXANDRA ESTEVE

Secretary: _____

2200 NW 2ND AVE., SUITE 104, MIAMI, FL 33127

Address: _____

ALEXANDRA ESTEVE

Treasurer: _____

2200 NW 2ND AVE., SUITE 104, MIAMI, FL 33127

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.

ALEXANDRA ESTEVE, CEO

13. _____

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CAR BUCKETS CORP." 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 NINTH DAY OF AUGUST, A.D. 2019.



7553923 8300

SR# 20196413731

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203382106

Date: 08-09-19