# 'FROODS SYS

(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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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Chico Boy, Inc.					
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				<del></del>	
				Art of Inc. File	
		<u> </u>		LTD Partnership File	_
				Foreign Corp. File	
		!	****	L.C. File	6-1 1-2
				Fictitious Name File	2015 CT
				Trade/Service Mark	
				Merger File	N : 1
				Art. of Amend. File	7II: 03
				RA Resignation	<del></del> •
				Dissolution / Withdrawal	
		'	<del></del>	Annual Report / Reinstatement	<del></del>
			<u>×</u>	Cert. Copy	
				Photo Copy	
			X	Certificate of Good Standing	
				Certificate of Status	-
				Certificate of Fictitious Name	
				Corp Record Search	_
				Officer Search	
				Fictitious Search	
Signature				Fictitious Owner Search	<del></del>
			<u> </u>	Vehicle Search	
				Driving Record	
Requested by: SETH	12/11/19			UCC 1 or 3 File	
Name	Date	Time		UCC 11 Search	
W. N. T	\$\$7116 PS: 1 77			UCC 11 Retrieval	
Walk-In 11: Ponder's Printing - Thomaswife GA 8/00	Will Pick Up			Courier	

#### **COVER LETTER**

TO:	Registration of	n Section Corporation:	5				
SUBJ	ECT:	Chico	Boy, INC				<del></del>
			Name of corpora	ition - must	include suffix		
Dear S	ir or Madam	1:					
"Certif	icate of Exis	stence." or "C	oreign Corporation ertificate of Good ation to transact bu	Standing" a	and check are sub	et Business in Flornitted to registe	orida,'' r the
Please	return all co	rrespondence	concerning this m	atter to the	following:		
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For further information concerning this matter, please call:							<i>[</i> [ ]: 03
_E		Cuous	at ( <b>2</b>	6_)_	434-61	131	_
	Name of P	erson	Area	Code	Daytime Telep	hone Number	
	Registratio Division of Clifton Bui 2661 Execu	Corporations	:		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	
Enclose	ed is a check	for the follow	ving amount:			,	
<b>5</b> 70	.00 Filing Fo		.75 Filing Fee & tificate of Status		5 Filing Fee & fied Copy	\$87.50 Filing Certificate Certified C	of Status &

## 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. (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) 4. // /6 · /98/ 5. \_ (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Your Capital Connection, Inc. 417 E VIRGINIA ST Office Address: SUITE 1 TALLAHASSEE, FL 32301 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. /S/ Seth Neeley as authorized representative of Your Capital Connection, Inc. (Registered agent's signature)

<sup>10.</sup> 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: Director: **B. OFFICERS** President: 1056 G. CubVAS Address: NO E. CAROLYN SOUTH PADRE ISLAND TX 78597 P.O. Box 729 PORT 15ABEL TX 785 78 26 Vice President: Address: \_\_\_\_\_ Secretary: \_\_\_ Address: Address: NOTE: If necessary, you may attach an addendura to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this documen (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. Sosr G. Cuevas (Typed or printed name and capacity of person signing application)

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



### Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Legacy Filing for CHICO BOY, INC. (file number 58567400), a Domestic For-Profit Corporation, was filed in this office on November 16, 1981.

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 December 11, 2019.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Ruth R. Hughs Secretary of State

Fax: (512) 463-5709 TID: 10264 Dial: 7-1-1 for Relay Services Document: 931503190020