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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Backoffice.co. Inc				
Nam	e of corporation	- must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign of "Certificate of Existence," or "Certificate above referenced foreign corporation to	ate of Good Stan	iding" and check are sub		
Please return all correspondence conce	rning this matter	r to the following:		
Glennys Rodriguez				
	Name of	Person		
Backoffice.co, Inc				
	Firm/Con	прапу		
625 N Flagler Drive Ste 902				
	Addr	ess	· -	
West Palm Beach Fl 33401				
	City/State a	ind Zip code		
Glennys@backoffice.co				
E-mail addre	ess: (to be used	for future annual report i	notification)	
For further information concerning this	matter, please o	call:		
Glennys Rodriguez	at (296-0819	296-0819	
Name of Person	Area Cod		hone Number	
STREET/COURIER ADDRI Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303		MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclosed is a check for the following a Please make check payable to: FLORIDA S70.00 Filing Fee S78.75 Fi Certificat	DEPARTMENT	F OF STATE □ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certificate 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.

Backoffice.co	. Inc		
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORAT	ION,"
Backoffice.co	Systems, Inc		
(If name unava	ilable in Florida, enter alternate corporate name	adopted for the purpose of transac	cting business in Florida)
2. Delaware	3	47-2022178	
	ntry under the law of which it is incorporated)	(FEI number, if applicable)	
4. October 22, 20	014		
(Date of incorporation)		(Date of duration, if other than perpetual)	
6.			
	(Date first transacted business	in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1	1502, F.S., to determine penalty lia	bility)
7. 625 N Flagler I	Orive Ste 902 West Palm Beach, Fl 33401		
	(Principal of	fice street address)	
			·
	(Current mail	ing address, if different)	₹. re
8. Name and str	eet address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Felix Rodriguez		21 PS 21
Office Address:	625 N Flagler Drive Ste 902		
	West Palm Beach	. Florida 33401	
	(City)	(Zip code)	Çira 🛍

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.

A. DIRECTORS Pat Matthews □ Chairman □ Chairman Name: 625 N Flagler Drive Ste 902 □Vice Chairman □ Vice Chairman Address: _____ West Palm Beach, Fl 33401 ■ Director □ Director □ President □ President □Vice President _____ ☐ Vice President ☐ Treasurer □ Secretary ☐ Treasurer ☐ Secretary Other □Other _____ □Other _____ □Other _____ Felix Rodriguez Chairman Name: □Chairman Name: _____ 625 N Flagler Drive Ste 902 Address: _ □ Vice Chairman □Vice Chairman Address: ____ West Palm Beach FI 33401 □ Director ☐ Director □President □President ☐ Vice President ☐ Vice President ☐ Secretary □Treasurer □ Secretary □Treasurer ©Other ____ □Other _____ Other Other____ Glennys Rodriguez Name: Chairman □ Chairman Name: 625 N Flagler Drive Ste 902 Address: □Vice Chairman □Vice Chairman Address: West Palm Beach Fl 33401 □ Director □ Director □President □President □Vice President _____ ☐ Vice President □ Secretary □Treasurer □ Secretary ☐ Treasurer COO Other _ □Other _____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your/Florida Department of State Annual Report form.

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. Glennys Rodriguez, COO

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BACKOFFICE.CO, INC." 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 FOURTEENTH DAY OF FEBRUARY, A.D.

2020.



Authentication: 202393430

Date: 02-14-20