

F20000001912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

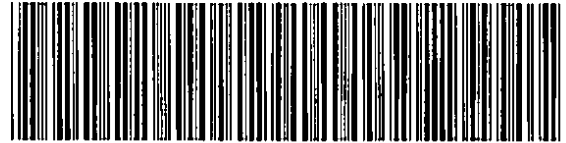
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



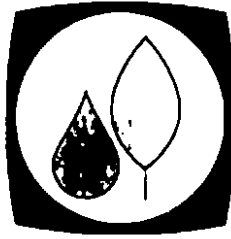
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03/30/20--01008--015 **70.00

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2020 APR 23 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 23 2020

M. SOLOMON



BOX GREENS

Hydroponic Farms

CHERYL ARNOLD
BOX GREENS INC
4770 BISCAYNE BLVD #720
MIAMI, FL 33137
CHERYL@BOXGREENS.COM

SUBJECT: BOX GREENS INC
REF NUMBER: W20000034735

APRIL 20, 2020

Please let this letter service as confirmation that both Box Greens LLC and Box Greens INC have the same ownership.

Principals of both companies are the same:

ARNOLD, CHERYL 9309 DICKENS AVE SURFSIDE, FL 33154	MERKLE, LISA 722 NE 81ST STREET MIAMI, FL 33138
--	---

Kindly remove the rejection and allow the filing.

Sincerely,

RECEIVED
APR 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOX GREENS INC
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:
CHERYLARNOLD

	Name of Person
BOX GREENS INC	
	Firm/Company
4770 BISCAYNE BLVD, #720	
	Address
MIAMI, FL 33137	
	City/State and Zip code
CHERYL@BOXGREENS.COM	
	E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHERYLARNOLD	305	790-6328
	at ()	
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.*

BOX GREENS 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)
DELAWARE 84-4724935

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

2/12/2020

4. _____ 5. _____
(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 & 607.1502, F.S., to determine penalty liability)

4770 Biscayne Blvd #720, Miami, FL 33137

7. _____
(Principal office street address)

9309 DICKENS AVE, SURESIDE, FL 33154

(Current mailing address, if different)

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

CHERYLARNOLD

Name: _____

9309 DICKENS AVE

Office Address: _____

SURESIDE

33154

(City)

. Florida

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. DIRECTORS

CHERYL ARNOLD

☐ Chairman Name: _____
 9309 DICKENS AVE
☐ Vice Chairman Address: _____
 SURESIDE, FL 33154
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

LISA MERKLE

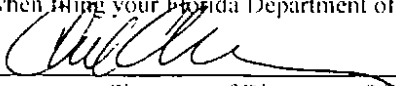
☐ Chairman Name: _____
 722 NE 81 STREET
☐ Vice Chairman Address: _____
 MIAMI, FL 33138
☐ Director _____
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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 SECRETARY OF STATE
 JENNIFER L. HARRIS
 TREASURER

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.

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.

CHERYL ARNOLD

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 "BOX GREENS 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 EIGHTEENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOX GREENS INC" WAS INCORPORATED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2020.



Jeffrey W. Bullock, Secretary of State

7848527 8300

SR# 20202170839

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

Authentication: 202609380

Date: 03-18-20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 3, 2020

CHERYL ARNOLD
BOX GREENS INC
4770 BISCAYNE BLVD, #720
MIAMI, FL 33137

SUBJECT: BOX GREENS INC
Ref. Number: W20000034735

We have received your document for BOX GREENS INC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 320A00007235

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APR 23 2020