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# **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUR.	ECT: POOCHES OF TYLER, INC			
300		of corporation	- must include suffix	***
Dear :	Sir or Madam:			
"Certi	nclosed "Application by Foreign Co ficate of Existence," or "Certificate referenced foreign corporation to to	of Good Stan	ding" and check are subm	
Please	return all correspondence concerni	ng this matter	to the following:	
AND	EW ROHNE			17
		Name of l	Person	N
THE (	ENTER FOR FINANCIAL LEGAL A	ND TAX PLA	NNING, INC.	: 
		Firm/Com	pany	
4501	V DEYOUNG ST. STE. 200			, 
		Addre	ess	
MARI	ON, IL 62959			12
		City/State ar	nd Zip code	· ·
ANDI	EW@TAXPLANNING.COM			
	E-mail address	: (to be used f	or future annual report no	tification)
For fu	rther information concerning this m	atter, please c	all:	
МІСН	AEL HAMPLEMAN	at (	) 997-3436 Daytime Telepho	
	Name of Person	Area Code	Daytime Telepho	one 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 Tallahassec, FL 32314	
Please	sed is a check for the following amomake check payable to: FLORIDA DI 0.00 Filing Fee   S78.75 Filin Certificate of	EPARTMENT g Fee &	OF STATE  § \$78.75 Filing Fee &  Certified Copy	S87.50 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	TYLER, INC.			
(Enter name of c	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	•	
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)	
2. TEXAS	3.		_	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 04/08/2019	5.			
(Date	of incorporation) 5.	(Date of duration, if other tha	(Date of duration, if other than perpetual)	
6.				
	(Date first transacted business in F) (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration)  F.S. to determine penalty liability	)	
2 8181 NW 154TH	ST STE 270 MIAMI LAKES FL 33016	( , , <u>o</u> ,, , o , <u>o</u> , , o , o , o , o , o , o , o , o , o	,	
/	(Principal office	street address)		
			7.50	
	(Current mailing a	ddress, if different)	=:	
8. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)	<del></del>	
Name:	DR. BART A. BASI			
name:	CONTONIONO AT CLUB DE LEMIT 101	_	<del></del> .n	
Office Address:	603 LONGBOAT CLUB RD UNIT 101		2	
	LONGBOAT KEY	, Florida 34228		
	(City)	(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.

D. Bart 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 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 LUIS MARQUEZ **LUIS B MARQUEZ** Name: \_\_\_ ☐ Chairman □ Chairman 8181 NW 154TH ST STE 270 8181 NW 154TH ST STE 270 Address: ☐ Vice Chairman □ Vice Chairman Address: MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 ■ Director Director President □President ☐ Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Chairman Name: \_\_\_\_\_ ☐ Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director □ Director □ President □President □Vice President □ Vice President □Treasurer □ Secretary ☐ Treasurer ☐ Secretary □Other □ Other \_\_\_\_ □Other Other \_\_\_ □ Chairman □ Chairman Name: \_\_\_\_\_\_ Name: Address: \_\_\_\_\_ □Vice Chairman Address: □Vice Chairman □ Director Director □President ☐ President □Vice President \_\_\_\_\_ ☐ Vice President ☐Treasurer □ Secretary ☐ Secretary Treasurer □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. 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.

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, Certificate of Formation for Pooches of Tyler, Inc. (file number 803285652), a Domestic For-Profit Corporation, was filed in this office on April 08, 2019.

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

1326

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 May 05, 2020.

11:52



Ruth R. Hughs Secretary of State

Phone: (512) 463-5555 Prepared by: SOS-WEB