

F20000002679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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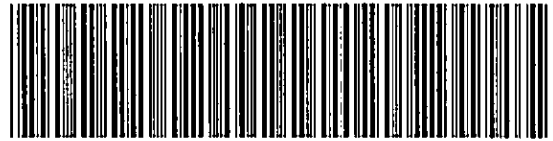
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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JUN 17 2020  
M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BULLHORN, 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:  
LAZARO DOMINGUEZ

Name of Person

Firm/Company  
2005 NE 39TH TER

Address  
HOMESTEAD, FL 33033

City/State and Zip code  
corplazarodo@gmail.com

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

For further information concerning this matter, please call:

LAZARO DOMINGUEZ	786	715-0314
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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.*

1. BULLHORN, INC.

(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)

2. HAWAII 3. 84-4788804

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

4. 1/14/2015 5. PERPETUAL

(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)  
2005 NE 39TH TER HOMESTEAD, FL 33033

7. \_\_\_\_\_

(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

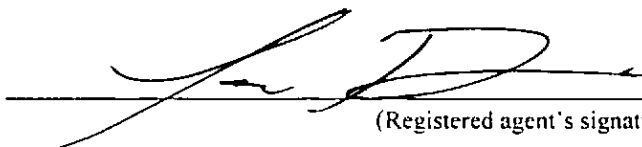
Name: LAZARO DOMINGUEZ

Office Address: 2005 NE 39TH TER

HOMESTEAD , Florida 33033  
(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.*

  
(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.

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: LAZARO DOMINGUEZ

Address: 2005 NE 39TH TER HOMESTEAD, FL 33033

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: LAZARO DOMINGUEZ

Address: 2005 NE 39TH TER HOMESTEAD, FL 33033

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: 2005 NE 39TH TER HOMESTEAD, FL 33033

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

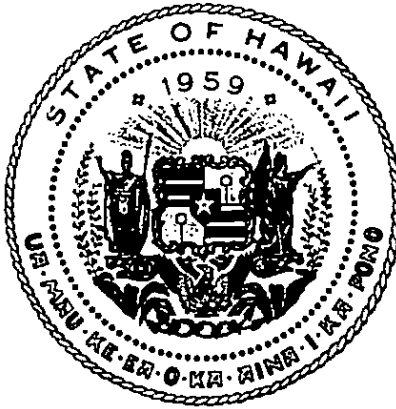
Signature of Director or Officer

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.

13. LAZARO DOMINGUEZ PRESIDENT

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

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CLERK OF COURT  
STATE OF FLORIDA  
TALLAHASSEE



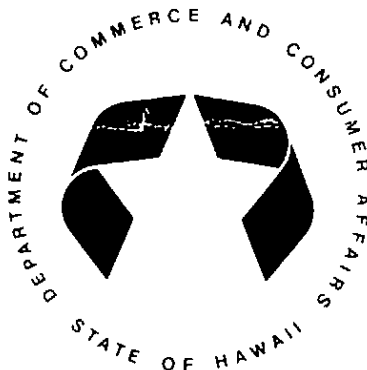
## Department of Commerce and Consumer Affairs

### CERTIFICATE OF GOOD STANDING

I, the undersigned Director of Commerce and Consumer Affairs of the State of Hawaii, do hereby certify that according to the records of this Department,

BULLHORN, INC.

was incorporated under the laws of Hawaii on 01/14/2015 ; and that it is an existing corporation in good standing, and is duly authorized to transact business.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the Department of Commerce and Consumer Affairs, at Honolulu, Hawaii.

Dated: March 17, 2020

Director of Commerce and Consumer Affairs



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2020

LAZARO DOMINGUEZ  
2005 NE 39TH TER  
HOMESTEAD, FL 33033

SUBJECT: BULLHORN, INC.  
Ref. Number: W20000045421

We have received your document for BULLHORN, 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 registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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

Mel Solomon  
Regulatory Specialist II Supervisor

Letter Number: 220A00009408

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JUN 15 2020