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(Requestor's Name)	<u> </u> -
(Äddress)	<u> </u>
(Address)	<u> </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	 -
(Document Number)	Ī
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
00685	
mailed cert 8/21/20	
emailed cert 8/21/20 W2UBBQ9/23	2





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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BOUQUET COLLECTION'S	SERVICES, INC.
	of corporation - must include suffix
Dear Sir or Madam:	
	rporation for Authorization to Transact Business in Florida," of Good Standing" and check are submitted to register the ansact business in Florida.
Please return all correspondence concernin	ng this matter to the following:
LAURA KOHN	-
	Name of Person
ARAZOZA & FERNANDEZ-FRAGA P.A.	
	Firm/Company
2100 SALZEDO STREET, SUITE 300	
	Address
CORAL GABLES, FL 33134	2070
	City/State and Zip code
LAURA@ARAZOZA.COM	2
E-mail address:	(to be used for future annual report notification)
For further information concerning this ma	tter, please call:
LAURA KOHN	305 444-6226 x 233
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 amoun	
Please make check payable to: FLORIDA DEP \$70.00 Filing Fee \$78.75 Filing B	1
Certificate of	1 0 /

RECEIVED AUG 0 4 2020

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. BOUQUET COLLECTION SERVICES, 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) 3. 83-2674098 STATE OF DELAWARE (State or country under the law of which it is incorporated) (FEI number, if applicable) NOVEMBER 29, 2018 (Date of incorporation) (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) 2750 NW 79TH AVE, MIAMI FL 33122 (Principal office street address) 2750 NW 79TH AVE, MIAMI FL 33122 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ARAZOZA & FERNANDEZ-FRAGA P.A. Name: 2100 SALZEDO STREET, STE.# 300 Office Address: CORAL GABLES 33134 . Florida (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 pre position as registered agent. (Registered agent's Agnature) 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 of 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]:

A. DIRECTORS				
☐ Chairman	Name:	☐ Chairman	Name:	
□Vice Chairman	Address: 2750 N.W. 79TH AVE	□ Vice Chairman	Address:	
Director	MIAMI, FL 33122	□Director		
President		□President		
□Vice President		☐Vice President		
Secretary	Treasurer	□Secretary	☐ Treasurer	
Other	Other		Other	
☐ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	☐Vice Chairman	Address:	
□Director		☐ Director		
□President		□ President		
□Vice President		□Vice President		
Secretary	☐Treasurer	☐ Secretary	□Treasurer	
Other	□Other	Other	Other	
			7020 Name:	
	Name:		- 	
□Vice Chairman	Address:	☐ Vice Chairman	Address:	
☐ Director _		☐ Director		
President		☐ President		
□Vice President		□Vice President		
Secretary	☐Treasurer	☐ Secretary	Treasurer	
Other	Other		Other	
Important Notice: Usindividuals may be a	dded to the index when filing your Flo	x (6). The attachment will be imaged rida Department of State Annual Rep	for reporting purposes only. Non-indexed ort 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. JAVIER MES			•	
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Page 1

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "BOUQUET COLLECTION SERVICES, 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 TWENTY-FIRST DAY OF AUGUST,

A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOUQUET

COLLECTION SERVICES, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY

OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

91:8:14 17 June

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SR# 20206868762

Authentication: 203512702

Date: 08-21-20