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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

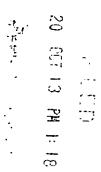
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COVER LETTER

	tration Section ion of Corporations						
SUBJECT:	Amy Laurent, Inc						
SUBJECT.		Name of corporati	on - mus	t include suffix			
Dear Sir or M	adam:						
"Certificate of	"Application by Fore f Existence," or "Cer ced foreign corporati	tificate of Good St	anding"	and check are subr			14
Please return	all correspondence co	oncerning this mat	ter to the	following:			
Amy Baetjer							
		Name o	of Persor	1			
Amy Laurent I	nc						
		Firm/Co	ompany				
1221 Brickell	Ave, STE 900						
		Add	dress				
Miami, FL 331	31				•	ت	
		City/State	and Zip	code		- 1	
abgemini310@	aol.com				•	<u>۔</u> س	
	E-mail	address: (to be use	d for futu	ire annual report no	otification)	ص-	:
For further inf	formation concerning	g this matter, please	e call:			7.7 7.7	
Baetjer Amy		at (620	0-7422		Œ	
Name	e of Person	Area Co	ode	Daytime Teleph	one Number		
Regis Divisi The C 2415	EET/COURIER AD tration Section ion of Corporations tentre of Tallahassee N. Monroe Street, St nassee, FL 32303			MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations		
			□ \$78.	FATE 75 Filing Fee & ified Copy	\$87.50 Fine Certification Certified	te of St	

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.

(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transact	ing business	in Flori	ida)
California	3				
(State or countr	y under the law of which it is incorporated)	(FEI number, if	applicable)		
06-26-2019	5.				
(Date	of incorporation)	(Date of duration, if othe	r than perpet	ual)	
10-01-2020					
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ility)		
1221 Brickell Av	e, STE 900 Miami, FL 33131				
	(Principal office	street address)		F. 5	
			4 <u>P</u>	20	
	(Current mailing a	ddress, if different)		\Box	
Name and stree	et address of Florida registered agent: (P.O. E	Box NOT acceptable)	.!	<u>ت</u>	:
Name:	Baetjer Amy		-	3	
	1221 Brickell Ave, STE 900		ţ",		
fice Address:			**	8	
	Miami, FL	, Florida			
	(City)	(Zip code)			
aving been nam signated in this rther agree to c	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela with and accept the abligations of my positi	nt as registered agent and ag tive to the proper and compl	ree to act li	ı this c	apacii

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS						
Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: 1221 Brickell Ave STE 900	☐Vice Chairman	Address:			
□Director	Miami, FL 33131	☐ Director				
■ President		□President				
□Vice 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	<u> </u>			
□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			
Important Notice: Use an attachment to report new than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the invex when filting your Florida Department of State Annual Report form. 12. Standard of Director 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

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

AMY LAURENT, INC.

FILE NUMBER: FORMATION DATE:

C4292154

FORMATION DATE: TYPE:

06/26/2019

TIFE.

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 23, 2020.

ALEX PADILLA Secretary of State