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(Requestor's Name)
(12,1,1223)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBM	AITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORID	A.
Bouchwalk Development & Dosign Inc.	
(Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION,"	
"lnc.," "Co.," "Corp." "Inc," "Co," or "Corp.")	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busin	ess in Florida)
2. New Jersey (State or country under the law of which it is incorporated) 3. 26-/28/803 (FEI number, if applicable)	
(State or country under the law of which it is incorporated) (FEI number, if applicable	e)
10 10 1 10 0 0	
4. (Date of incorporation) 5. (Date of duration, if other than pe	rpetual)
0 /0	
6. /// (Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
, 17 S. Gordons Alley, ATLANTIC CITY N	15 08401
7. (Principal office street address)	<u> </u>
• • • • • • • • • • • • • • • • • • • •	
Samo (Current mailing address, if different)	
(Current mailing address, if different)	
	(A)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	9.659
Name: Burnet, Adamshi, Feichtholart Sonchez PCCC	•
Name: C O	. Б
Office Address: 1714 Cape Cord Partie, E	٠٠
COPB Coral , Florida 33904	<u>.</u> 1
(Cin), FIORIDA $(Zin code)$	<u>.</u>
(City) (E.p code)	
9. Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated corp	oration at the place
designated in this application, I hereby accept the appointment as registered agent and agree to a further agree to comply with the provisions of all statutes relative to the proper and complete per	formance of my duties.
and I am familiar with and accept the obligations of my position as registered agent.	,
unu i um juminur viin unu uvenpi ini	
Ciù Deiphibales	
(Registered agent's signature)	
, Ç -	
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to deliver	y of this application to

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

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

Do: 44gn Envelope ID: 25D560AD-ACE9-464D-B559-52B8B87B5B27

A. DIRECTORS	1			
Chairman Name: Anti	hony C. Cappucc	; o □Chairman	Name:	
□Vice Chairman Address:		□Vice Chairman	Address:	
Director /	Ciry NJ 08401	Director		
President ATIGATIC	C154NJ 08401	□President		
□Vice President		□Vice President		
Secretary	K)Treasurer	☐ Secretary		□Treasurer
□ Other	Other	Other		□Other
□Chairman Name:		□ Chairman	Name:	
□Vice Chairman Address:	<u></u>	□Vice Chairman	Address:	
□Director	.	□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer
□Other	□Other	□Other		□Other
				31.73
□Chairman Name:		Chairman	Name:	
□Vice Chairman Address:		□Vice Chairman	Address:	
Director		□Director		- <u>-</u>
□President		□President		~~
□Vice President		□Vice President		
☐Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□ Other	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.				
individuals may be added to the index				irposes only. Non-indexed
individuals may be added to the index		nt of State Annual Re	port form.	irposes only. Non-indexed
12. Latticky (apputtion to the index to the	x when filing your Florida Departme Signature of Director o	r Officer 11 above) affirms the	eport form.	i herein are true and that he or

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

BOARDWALK DESIGN & DEVELOPMENT, INC. 0100985850

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on October 29, 2007.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ANTHONY C CAPPUCCIO 9615 VENTNOR AVENUE SUITE 200 MARGATE, NJ 08402

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on September 24, 2019.

CHIEF EXEC. OFFICER (CEO)

ANTHONY C CAPPUCCIO

9615 VENTNOR AVE

MARGATE, NJ 08402

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of September, 2020

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6111147889

Verify this certificate online at

https://www1-state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp



September 10, 2020

ERIC P FEICHTHALER 1714 CAPE CORAL PKWY E CAPE CORAL, FL 33904 US

SUBJECT: BOARDWALK DEVELOPMENT & DESIGN, INC.

Ref. Number: W20000102739

We have received your document for BOARDWALK DEVELOPMENT & DESIGN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 420A00017279

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