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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone #) | |
| PICK-UP | | |
| (Bu | siness Entity Name) | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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| | Office Use Only | 1 |



05/07/21--01034--018 **70.00



COVER LETTER

TO: **Registration Section** Division of Corporations

SUBJECT:

1

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R.S. Buckman Enterprises, 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:

| Name of Person | |
|---|----|
| R.S. Buckman Enterprises, Inc. | |
| Firm/Company | |
| 2517 NE 37th Dr | |
| Address | |
| Fort Lauderdale, FL 33308-6344 | |
| City/State and Zip code | |
| Sean@Rsbuckman.com | |
| E-mail address: (to be used for future annual report notification | 1) |

For further information concerning this matter, please call:

Richard S Buck

| Richard S Buckman | at (- ⁹⁵⁴ |) 616-7215 | |
|--------------------------------------|-----------------------|---------------------|------------------|
| Name of Person | Area Cod | e Daytime Tele | phone Number |
| STREET/COURIER ADI | DRESS: | MAILING | ADDRESS: |
| Registration Section | | Registration | Section |
| Division of Corporations | | Division of (| Corporations |
| The Centre of Tallahassee | | P.O. Box 63 | 27 |
| 2415 N. Monroe Street, Sui | te 810 | Tallahassee, | FL 32314 |
| Tallahassee, FL 32303 | | | |
| Enclosed is a check for the followin | ig amount: | | |
| Please make check payable to: FLORI | DA DEPARTMEN' | OF STATE | |
| □ \$70.00 Filing Fee □ \$78.75 | 5 Filing Fee & 👘 🛛 | S78.75 Filing Fee & | 🗌 \$87.50 Filing |
| - | | 0 10 10 | |

Certified Copy Certificate of Status

g 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.

R.S. Buckman Enterprises, Inc.

(Enter name of corporation; must include "INCORPORATED." "COMPANY." "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co," or "Corp.")

| (If name unavail | able in Florida, enter alternate corporate name a | adopted for the purpose of transacting business in Flo | | |
|-------------------------|---|--|--|--|
| Pennsylvani | | 23-3096552 | | |
| (State or countr | y under the law of which it is incorporated) | (FEI number, if applicable) | | |
| | 06/28/2001 5. | | | |
| (Date of incorporation) | | (Date of duration, if other than perpetual) | | |
| n/a | | | | |
| * <u>***</u> * | (Date first transacted business in (SEE SECTIONS 607.1501 & 607.15 | Florida, if prior to registration) 602, F.S., to determine penalty liability) | | |
| | 2517 NE 37th Dr Fort Lauc | lerdale FL 33308-6344 | | |
| | (Principal offic | ce <u>street</u> address) | | |
| | (Current mailin | g address, if different) | | |
| Name and stree | et address of Florida registered agent: (P.C |). Box <u>NOT</u> acceptable) | | |
| Name: | Richard S. Bucckman | | | |
| fice Address: | 2517 NE 37th Dr. | | | |
| | Ft. Lauderdale | . Florida 33308-6344 | | |
| | (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.

Klu

(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.

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

A. DIRECTORS

| と Secretary | Name: Richard S. Buckman 2517 NE 37th Street Address: Ft. Lauderdale FL 33308 Mitreasurer | □Vice Chairman □Director □President □Vice President □Secretary | Address: | |
|-----------------------------|--|--|-----------|------------|
| □Other | □Other | □Other | | DOther |
| □Chairman □Vice Chairman | Name: | □Chairman □Vice Chairman | | |
| Director | | Director | | |
| □President | | □President | | |
| □Vice President | | □Vice President | | |
| □Secretary | □ Treasurer | □Secretary | | Treasurer |
| □Other | Other | □Other | | □Other |
| □Chainnan | Name: | □Chairman | Name | |
| | Address: | | | |
| | | | | |
| | | | | |
| □Vice President | | □Vice President | | |
| | | | | ⊡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. Kul

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.

Richard S. Buckman, President

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

05/03/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

R. S. BUCKMAN ENTERPRISES, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Degr

Acting Secretary of the Commonwealth

Certification Number: TSC210503121168-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify