## F21000004317

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | idress)            |             |
| (Ac                     | ddress)            |             |
| (Ci                     | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | usiness Entity Nan | ne)         |
| (De                     | ocument Number)    |             |
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7/30/21

**NAME**: BOXMIS INC.

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE

abbie Hodge

## **COVER LETTER**

| TO: Registration Section Division of Corporation                                                                                                    | ns                      |                                                                    |                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|
| SUBJECT: BoxMIS Inc.                                                                                                                                |                         |                                                                    |                                                           |
|                                                                                                                                                     | Name of corporation     | n - must include suffix                                            |                                                           |
| Dear Sir or Madam:                                                                                                                                  |                         |                                                                    |                                                           |
| The enclosed "Application by F "Certificate of Existence," or "C above referenced foreign corporations."                                            | Certificate of Good Sta | nding" and check are su                                            |                                                           |
| Please return all correspondence                                                                                                                    | e concerning this matte | er to the following:                                               |                                                           |
| Claudio Tarek Martinez                                                                                                                              |                         |                                                                    |                                                           |
|                                                                                                                                                     | Name of                 | f Person                                                           |                                                           |
|                                                                                                                                                     | Firm/Cor                | mpany                                                              |                                                           |
| 5768 Tamarac Drive                                                                                                                                  |                         | • •                                                                |                                                           |
|                                                                                                                                                     | Addi                    | ress                                                               |                                                           |
| Melbourne, FL 32940                                                                                                                                 |                         |                                                                    |                                                           |
|                                                                                                                                                     | City/State a            | and Zip code                                                       | <del></del>                                               |
| anibal@manzano.law                                                                                                                                  |                         |                                                                    |                                                           |
| E-ma                                                                                                                                                | il address: (to be used | for future annual report                                           | notification)                                             |
| For further information concerni                                                                                                                    | ing this matter, please | call:                                                              |                                                           |
| Stephen Zagami                                                                                                                                      | 31 / 508                | 310-1001                                                           |                                                           |
| Name of Person                                                                                                                                      | Area Coo                | de Daytime Telep                                                   | shone Number                                              |
| STREET/COURIER A<br>Registration Section<br>Division of Corporation.<br>The Centre of Tallahasse<br>2415 N. Monroe Street,<br>Tallahassee, FL 32303 | s<br>ce                 | MAILING A Registration 5 Division of C P.O. Box 632 Tallahassee, 1 | Section<br>orporations<br>7                               |
| <del>-</del>                                                                                                                                        | RIDA DEPARTMENT         | F OF STATE  ☐ \$78.75 Filing Fee &  Certified Copy                 | S87.50 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.

|                                                                             | _                                                                                                                                                                                                                      |                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (If name unavaila                                                           | able in Florida, enter alternate corporate name ad                                                                                                                                                                     | opted for the purpose of transacting business in Florida)                                                                                                                                              |
| Delaware                                                                    | 3                                                                                                                                                                                                                      |                                                                                                                                                                                                        |
| (State or country                                                           | y under the law of which it is incorporated)                                                                                                                                                                           | (FEI number, if applicable)                                                                                                                                                                            |
| September 5, 20                                                             | 19 5.                                                                                                                                                                                                                  |                                                                                                                                                                                                        |
| (Date                                                                       | of incorporation) 5                                                                                                                                                                                                    | (Date of duration, if other than perpetual)                                                                                                                                                            |
|                                                                             |                                                                                                                                                                                                                        |                                                                                                                                                                                                        |
|                                                                             | (Date first transacted business in F<br>(SEE SECTIONS 607.1501 & 607.1502                                                                                                                                              |                                                                                                                                                                                                        |
| 5768 Tamarac Dr                                                             | ive, Melbourne, FL 32940                                                                                                                                                                                               | polatry having,                                                                                                                                                                                        |
|                                                                             | (Principal office                                                                                                                                                                                                      | street address)                                                                                                                                                                                        |
|                                                                             | ,                                                                                                                                                                                                                      | <u></u>                                                                                                                                                                                                |
|                                                                             | (Current mailing)                                                                                                                                                                                                      | address, if different)                                                                                                                                                                                 |
|                                                                             | •                                                                                                                                                                                                                      | ,                                                                                                                                                                                                      |
|                                                                             |                                                                                                                                                                                                                        |                                                                                                                                                                                                        |
| Name and stree                                                              | t address of Florida registered agent: (P.O. 1                                                                                                                                                                         | Box NOT acceptable)                                                                                                                                                                                    |
|                                                                             | t address of Florida registered agent: (P.O. I<br>Claudio Tarek Martinez                                                                                                                                               | •                                                                                                                                                                                                      |
| Name and stree<br>Name:                                                     | Claudio Tarek Martinez                                                                                                                                                                                                 | •                                                                                                                                                                                                      |
| Name:                                                                       |                                                                                                                                                                                                                        | •                                                                                                                                                                                                      |
| Name:                                                                       | Claudio Tarek Martinez                                                                                                                                                                                                 |                                                                                                                                                                                                        |
| Name:                                                                       | Claudio Tarek Martinez 5768 Tamarac Drive                                                                                                                                                                              |                                                                                                                                                                                                        |
| Name:<br>ffice Address:                                                     | Claudio Tarek Martinez  5768 Tamarac Drive  Melbourne  (City)                                                                                                                                                          |                                                                                                                                                                                                        |
| Name:  ffice Address:  Registered age                                       | Claudio Tarek Martinez  5768 Tamarac Drive  Melbourne  (City)  nt's acceptance:                                                                                                                                        |                                                                                                                                                                                                        |
| Name: fice Address:  Registered age aving been name signated in this        | Claudio Tarek Martinez  5768 Tamarac Drive  Melbourne  (City)  nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment                                              | The state of the above stated corporation of the point as registered agent and agree to act in this capac                                                                                              |
| Name: fice Address:  Registered age twing been name signated in this in     | Claudio Tarek Martinez  5768 Tamarac Drive  Melbourne  (City)  nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes relatives. | Thorida 32940  Florida 32940  (Zip code)  of process for the above stated corporation at the part as registered agent and agree to act in this capacitive to the proper and complete performance of my |
| Name: ffice Address:  Registered age aving been name signated in this or    | Claudio Tarek Martinez  5768 Tamarac Drive  Melbourne  (City)  nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment                                              | Thorida 32940  Florida 32940  (Zip code)  of process for the above stated corporation at the part as registered agent and agree to act in this capacitive to the proper and complete performance of my |
| Name:  ffice Address:  Registered age faving been name esignated in this of | Claudio Tarek Martinez  5768 Tamarac Drive  Melbourne  (City)  nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes relatives. | Thorida 32940  Florida 32940  (Zip code)  of process for the above stated corporation at the part as registered agent and agree to act in this capacitive to the proper and complete performance of my |
| Name: Office Address: Registered age laving been name esignated in this a   | Claudio Tarek Martinez  5768 Tamarac Drive  Melbourne  (City)  nt's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes relatives. | Thorida 32940  Florida 32940  (Zip code)  of process for the above stated corporation at the part as registered agent and agree to act in this capacitive to the proper and complete performance of my |

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.

| A. DIRECTORS                                                                                                                                                                                                                                                                                                                                     | ·                                                       |                        |                                          |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------|------------------------------------------|--|--|--|
| □Chairman                                                                                                                                                                                                                                                                                                                                        | Name: Claudio Tarek Martinez                            | □Chairman              | Name:                                    |  |  |  |
| □Vice Chaiπnan                                                                                                                                                                                                                                                                                                                                   | Address:                                                | □Vice Chairman         | Address:                                 |  |  |  |
| Director                                                                                                                                                                                                                                                                                                                                         | Melbourne, FL, 32940                                    | □Director              |                                          |  |  |  |
| ■ President                                                                                                                                                                                                                                                                                                                                      |                                                         | □President             |                                          |  |  |  |
| □Vice President                                                                                                                                                                                                                                                                                                                                  |                                                         | □Vice President        |                                          |  |  |  |
| <b>■</b> Secretary                                                                                                                                                                                                                                                                                                                               | ■ Treasurer                                             | Secretary              | □Treasurer                               |  |  |  |
| ■Other CEO                                                                                                                                                                                                                                                                                                                                       | □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                                    |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                  |                                                         | _                      |                                          |  |  |  |
| □Chairman<br>_                                                                                                                                                                                                                                                                                                                                   | Name:                                                   | □Chairman              | Name:                                    |  |  |  |
| □Vice Chairman                                                                                                                                                                                                                                                                                                                                   | Address:                                                | □Vice Chaiπnan         | Address:                                 |  |  |  |
| □Director                                                                                                                                                                                                                                                                                                                                        |                                                         | □Director              |                                          |  |  |  |
| □President                                                                                                                                                                                                                                                                                                                                       |                                                         | □President             |                                          |  |  |  |
| □Vice President                                                                                                                                                                                                                                                                                                                                  |                                                         | □Vice President        |                                          |  |  |  |
| Secretary                                                                                                                                                                                                                                                                                                                                        | □Treasurer                                              | ☐ Secretary            | ☐ Treasurer                              |  |  |  |
| □Other                                                                                                                                                                                                                                                                                                                                           | Other                                                   | □Other                 | Other                                    |  |  |  |
| Important Notice: U                                                                                                                                                                                                                                                                                                                              | se an attachment to report more than six (6). The attac | hment will be imaged   | for reporting purposes only. Non-indexed |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                  | added to the index when filing your Florida Departmen   | it of State Annual Rep | oort form.                               |  |  |  |
| 12.                                                                                                                                                                                                                                                                                                                                              | Signature of Director of                                | · 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.  Claudio Tarek Martinez, President |                                                         |                        |                                          |  |  |  |

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

13.



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

DELAWARE, DO HEREBY CERTIFY "BOXMIS 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 THIRTIETH DAY OF JULY, A.D. 2021.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOXMIS INC." WAS INCORPORATED ON THE FIFTH DAY OF SEPTEMBER, A.D. 2019.

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

Authentication: 203803568

Date: 07-30-21