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# **COVER LETTER**

TO: Registration Section				
Division of Corporations	nal Composition			
Beckman Law Professio SUBJECT:	nai Corporation			
	me of corporat	ion - mu	st include suffix	_
Dear Sir or Madam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation	cate of Good S	tanding"	and check are sub	
Please return all correspondence cond Christopher Beckman	erning this ma	tter to the	e following:	
•	Name	of Perso	n	
Beckman Law Professional Corporation			•	
	Firm/C	ompany	· · · · · · · · · · · · · · · · · · ·	
701 Brickell Ave., #1550		, ,		
	Ac	ldress		
Miami, FL 33131				
	City/Stat	e and Zij	code	
chris@beckman.law				
E-mail add	iress: (to be use	d for fut	ure annual report i	notification)
For further information concerning th	is matter, pleas	se call:		
Christopher Beckman	646	646 599-2277		
	at (	)		
Name of Person	Area C	lode	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Tallahassee, FL 32303  Enclosed is a check for the following Please make check payable to: FLORID.  \$\Blue{\Pi}\$ \$70.00 Filing Fee	A DEPARTME	□ \$78.	TATE 75 Filing Fee & tified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

# 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. Beckman Law P 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Beckman Law Professional Corporation (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 84-4947979 (State or country under the law of which it is incorporated) (FEI number, if applicable) 2. \_\_\_\_\_ February 27, 2020 5. (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 701 Brickell Ave., #1550, Miami, FL 33131 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Christopher Beckman Name: 701 Brickell Ave., #1550 Office Address: Miami (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.

(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.

A. DIRECTORS			
□Chairman	Christopher Beckman Name:	□Chairman	Name:
□Vice Chairman	701 Brickell Ave., #1550 Address:	□Vice Chairman	Address:
□Director	Miami, FL 33131	□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
CEO  Other	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	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: I individuals may be	Use an attachment to report more than six (6). The an added to the index when filing your Florida Depart	tment of State Annual Re	port form.
	Signature of Directo	or or Officer	100-2-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in nun ilse information submitted in a document to the Dep Beckman, CEO, Beckman Law P.C.	nber 11 above) affirms the partment of State constitut	at the facts stated herein are true and that he or les a third degree felony as provided for in

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I. ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: BECKMAN LAW P.C.

**DOS ID Number:** 5717120

Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 02/27/2020

Statement Status: CURRENT Statement Due Date: 02/28/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official scal of the Department of State, at the City of Albany, on October 25, 2021 at 10:37 A.M.

ROSSANA ROSADO, Secretary of State

Brandon C Heylan

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100000531383 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>