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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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## FOREIGN PROFIT/NONPROFIT CORPORATION UNLIMITED CONCEPTS CORP

Certificate of Status	1
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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 SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

ŀ.	DAITHILED CONC							
	(linter name of co	cpointion; must include "IN ip," "Inc," "Co," or "Corp.	CORPORATED," ")	"COMPANY	" "CORPORATIO	111,11		
	-		:	<del></del>				
	(If name unavailab	ole in Florida, enter alterna	te-corporate name i	idented for the	purpose of transacti	rg business	in Florid	la)
2.	WYÖMING							
	WYOMING  (State or country under the law of which it is incorporated)  (FEI number, it				(FEI number, if a	pplicable)		
4.	4/24/22	* **·	5.	PERPETUAL				
	(Date of	of incorporation)		(Duration: Ye	ar corp. will cease	to exist or "p	erpewal	P")
6.							ن .	
		(Date first tru	insacted business in	Florida, if pric	or to registration) ermine penalty liabi	11(1)		
_			00).1301 & 00).13	102, n.3., to det	ernine penany maoi			
7.	410 EVERNIA ST. #219 WEST PALM BEACH, FL 33401				₹∽_	~~		
		(P	rincipal office addr	ess)		25 at	73 ·	
	410 EVERNIA ST,		ACH, FL:33401		1	<del>-</del>	MAY	
		Ó	urrent mailing add	ess)		SSE	0	
						<u>.</u>	PH	I
8.	Name and street	address of Florida regis	itèred agent: (P.C	). Box <u>NOT</u> :	iccoptable)	07. 	1 1: 2:	
	Name:	BLU BOY INC.	÷,			ORIDA	20	
0	ffice Address:	A10 ÉVERNIA ST. #219	<del></del>	<del>-,</del>		•		
		WEST PALM BEACH		, Florida	33401			
		(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.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS		·
Chairman: SHELBEN CURTIS		
Address: 418 EVERNIA BT, #219 WEST PALM BEACH, FL		•
	i	
Vice Chairman:		
Address:		
	·	
Director:	<u> </u>	
Address:		
	• ,	
	•	
Director:		
Address:		<del></del>
B. OFFICERS		
Provident: SHELBEN CUNT'S		
Address: 410 EVERNIA ST. #219 WEST PALM BEAC	•	
		and the second s
Vice President:		**************************************
Address:		
		<u> </u>
Secretary:	. <u> </u>	
Address:	•	
Treamirer: -		
Address:		
NOTE: If necessary, you may attach an addendur		fficers and/or directors.
12.		· · · · · · · · · · · · · · · · · · ·
The officer or director signing this document (and	are of Director or Officer who is listed in number 12 above) affi	irms that the facts stated herein
are true and that he or she is aware that false infor a third degree felony as provided for in s.817.155,	mation submitted in a document to the	Department of State constitutes
SUEL DEN CI	URTIS (P)	
(Typed or printed name a	nd capacity of person signing applicati	on)

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### **Unlimited Concepts Corp**

is a

### **Profit Corporation**

formed or qualified under the laws of Wyoming did on **September 15, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000944760**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such armual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 5th day of May, 2022 at 1:25 PM. This certificate is assigned ID Number 051765317.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.