

	(Requestor's Name)	
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	(Document Number)	
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S. FRANKLIN JUL 2 7 2022

# **COVER LETTER**

_	ion of Corporations			
SUBJECT:	BIKO Industries, Inc.			
	Name o	f corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Colf Existence," or "Certificate eed foreign corporation to tra	of Good Stan	iding" and check are subm	
Please return	all correspondence concernit	ng this matter	to the following:	
Brandon Kopp				
<del></del> -		Name of	Person	
BIKO Industri	es, Inc.			
		Firm/Con	ipany	~
1405 SE 31st \$	Street			2022   1.3. 1.9
		Addr	ess	)- <u>-</u>
Cape Coral, Fl	orida 33904			
		City/State a	nd Zip code	
brandon@biko	industries.com			
-	E-mail address:	(to be used)	for future annual report no	•
For further in	formation concerning this ma	atter, please o	call:	တ
Brandon Kopp		630 at (	4504625	
Nam	e of Person	Area Cod		one Number
Regis Divis The C 2415	EET/COURIER ADDRESS stration Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303	S:	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a Please make ch \$\infty\$ \$70.00 Fil	check for the following amo teck payable to: FLORIDA DE ing Fee	PARTMENT 3 Fee & - E	OF STATE  3 \$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.

BIKO Industrie  1.	s, Inc,		
	corporation; must include "INCORPORATED," " [orp," "Inc." "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavai	lable in Florida, enter alternate corporate name ade	pted for the purpose of transacting busine	ess in Florida)
(State or count	ry under the law of which it is incorporated) 3.	(FEI number, it applicable	)
4. <u>05/12/2016</u>			
(Date of incorporation) 5. (Date of duration, if other			petual)
6. 05/20/2022	(Date first transacted business in F	orida, if prior to registration)	
6	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502 eet Cape Coral, FL 33904 (Principal office	F.S., to determine penalty liability)	2022
6	(SEE SECTIONS 607.1501 & 607.1502 cet Cape Coral, FL 33904 (Principal office	F.S., to determine penalty liability)	2022 [iii] 11
6	(SEE SECTIONS 607.1501 & 607.1502 cet Cape Coral, FL 33904 (Principal office	treet address)  ddress, if different)	2022 JUL 19 F
6	(SEE SECTIONS 607,1501 & 607,1502 eet Cape Coral, FL 33904  (Principal office)  (Current mailing a	treet address)  ddress, if different)	Pi
6	(SEE SECTIONS 607,1501 & 607,1502 eet Cape Coral, FL 33904  (Principal office  (Current mailing a	treet address)  ddress, if different)	P. 4:
6	(SEE SECTIONS 607,1501 & 607,1502 eet Cape Coral, FL 33904  (Principal office  (Current mailing a et address of Florida registered agent: (P.O. F	atreet address)  ddress, if different)  Box NOT acceptable)	Pi

#### 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.



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 Brandon Kopp □ Chairman Name: [☐Chairman Name: 1405 SE 31st Street, Cape Coral ☐ Vice Chairman Address: □ Vice Chairman Address; Florida, 33904 ☐ Director □ Director **■**President □President ☐ Vice President □ Vice President $\Box$ Treasurer □ Secretary □Treasurer □ Secretary □Other \_\_\_\_\_ Other \_\_\_\_ Other \_\_\_\_ □Other \_\_\_\_\_ □Chairman Name: \_\_\_\_\_\_ Name: □Chairman □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: □ Director □Director □President □President ☐ Vice President □Vice President D022 □ Secretary ☐ Treasurer □ Secretary []Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_ □ Chairman Name: \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ Address: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □ Vice Chairman □ Director □ Director □ 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. 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. Brandon Kopp

## United States of America State of Wisconsin

#### DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I. Michelle Y. Knuese, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

#### BIKO INDUSTRIES, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is May 12, 2016.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official scal of the Department on July 15, 2022.

Trinancial Indiana

MICHELLE Y. KNUESE, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 337876-9F6E7E04