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## **COVER LETTER**

Division of Corporations	
SUBJECT: COSMO HOLDINGS CO	P
Name of cor	oration - must include suffix
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning the	matter to the following:
Roc	o Delgado
1	me of Person
COSMO	HOLDINGS CORP.
F	n/Company
1341 West No	vport Center Drive
	Address
Deerfield l	each, FL 33442
Cit	State and Zip code
•	cosmo-fragrances.com
E-mail address: (to	used for future annual report notification)
For further information concerning this matter,	lease call:
Rocio Delgado	it (954) 798-4522 or 954-415-4546 Cel
Name of Person	Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPAR  S70.00 Filing Fee  Certificate of Sta	& 🔲 \$78.75 Filing Fee & 🔀 \$87.50 Filing Fee,

## 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.

1. COSMO I	HOLDINGS CORP.	
(Enter name of c	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting business in Florida)
2. <u>DELAWAR</u>	E	3. 13-3103742
(State or countr	E y under the law of which it is incorporated)	(FEI number, if applicable)
(Date	of incorporation)	5. (Date of duration, if other than perpetual)
6.		
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502	, , , , , , , , , , , , , , , , , , , ,
7 <u>1341 West N</u> e	ewport Center Drive, Deerfield Beach, FL 33	3442
	(Principal office	
		<u> </u>
•	(Current mailing	address, if different)
		<u>.</u> 
8. Name and stree	et address of Florida registered agent: (P.O.)	Box NOT acceptable)
Name:	Rocio Delgado	<u> </u>
Office Address:	1341 W Newport Center Dr,	
	Deerfield Beach	33442
	(City)	. 33442 . (Zip code)
0.15.1.		
	ent's acceptance: ned 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 appointme	nt as registered agent and agree to act in this capacity.
	comply with the provisions of all statutes rela r with and accept the obligations of my posi	ative to the proper and complete performance of my duti tion as registered agent
ana r um jumiiiui	with and accept the boligations of his possi-	non us regisiereu ugeni.
_	(Registered agent's sign	nature)

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

under the law of which it is incorporated.

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

## A. DIRECTORS Name: \_\_J. FERNANDO BELMONT\_\_\_ □ Chairman □ Chairman Name: JANINE BELMONT ☐Vice Chairman Address: 1341 W Newport Center Dr,Fl,33442 □Vice Chairman Address: 1341 W Newport Center Dr.Fl,33442 Deerfield Bch Deerfield 13ch □ Director **⊠**Director ☑President □President □Vice President □Vice President □Treasurer □Secretary ☐ Secretary □Treasurer □Other \_\_\_\_\_ Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: MARC BLAISON □Chairman Chairman Name: \_\_\_\_\_ □ Vice Chairman Address: 1341 W Newport Center Dr,Fl,33442 ☐ Vice Chairman Address: ☑Director □ Director □President □President □Vice President \_\_\_ □Vice President ☐ Secretary □ Treasurer □ Secretary ☐ Treasurer ☐Other \_\_\_\_\_ Other \_\_\_\_\_ □Chairman Name: □Chairman □Vice Chairman Address: Address: ☐Vice Chairman □ Director □Director ☐ President □President □ Vice President \_\_\_\_\_ □Vice President □Treasurer ☐ Secretary ☐ 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. .. . \_ 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. MARC BLAISON - DIRECTOR



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

DELAWARE, DO HEREBY CERTIFY "COSMO HOLDINGS CORP." 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 SECOND DAY OF NOVEMBER, A.D. 2022.



Authentication: 204760116

Date: 11-02-22