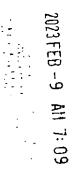
F23000000802

(Requestor's Name)						
(Address)						
(Address)						
(C) (C) (T) (T) (T)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(alamese anti-verne)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
3						

Office Use Only



500401830015



ATPROVED



K. Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 2/8/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1118571

ORDER ENTITY

B-TEX INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

B-TEX INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: saraliz.caraballo@usa-corporate.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, February 8, 2023

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.

l						
(Enter name of c "Inc.," "Co.," "C	orporation: must include "INCORPORATI orp," "Inc," "Co," or "Corp,")	€D." "C	OMPANY," "CORPORATIO	N,"		
		·	_			
(I) name unavail	able in Florida, enter alternate corporate na	me adop	ted for the purpose of transactir	ig business ir	ı Flori	da)
2. NEW YORK		3				
2. (State or country under the law of which it is incorporated)			(FEI number, if applicable)			
01:04/2005						
(Date of incorporation)			(Date of duration, if other than perpetual)			
01/01/2023			(inite of dualities), if other	так регрени	117	
6.						
	(Date first transacted busine) (SEE SECTIONS 607,1501 & 60	ss in Flo 7,1502,	rida, if prior to registration) F.S., to determine penalty habil	ity)		
7 7183 FALLS RO	AD EAST, BOYNTON BEACH, FL 3343	7				
	(Principal	office <u>st</u>	reet address)			
	(Current ma	 iilme ad	dress, (f different)			
			,		073	
8 Name and stree	et address of Florida registered agent: (DA D	o NiOT assessment at the	; - , , ,	2023 FEB	2
o. Parite and gires		1 .O. DI	ox <u>incre</u> acceptable)	; -	 	
Name:	HORÓWITZ RÓBERT				Ġ	三三字
Office Address:	7183 FALLS ROAD EAST			••	À	
	BOYNTON BEACH		- 33437		7: (· ·
	(City)	 -	Florida =		90	
	•					

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 HOROWITZ ROBERT ElChairman Name: Name: ClChairman 7183 FALLS ROAD EAST □Vice Chairman Address: _ □Vice Chanman Address: BOYNTON BEACH, FL 33437 ☐ Director □Director ______ . ._____ President President □Vice President □Vice President □Secretary □Treasurer □ Secretary Treasurer. ∃Other ____ □Other _____ □Other _____ □Other_____ □Chairman Name _____ Name: □Chairman □Vice Chairman = Address: ______ □Vice Chairman Address: □Director □ Director □President _____ []President □Vice President ElVice President ☐ Secretary []Treasurer ☐Secretary □Treasurer □Other _____ □Other _____ □Other _____ □Other _____ II Chan man Name: _____ Chairman. Name _____ □Vice Chairman Address: □Vice Chairman Address: ☐ Director Director. □President ElPresident ☐ Vice President ☐ Vice President □ Secretary □Treasurer ☐Secretary Efficasmer. □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. The officer or director signing this document (and who is listed in number 11 above) aftirms 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. HOROWITZ ROBERT, PRESIDENT

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ. 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:

B-TEX INC.

DOS ID Number:

3145438

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

01/04/2005

Statement Status:

CURRENT

Statement Due Date:

01/31/2025

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



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 08, 2023 at 10:39 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughan

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100002940596 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov