

F23000001502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

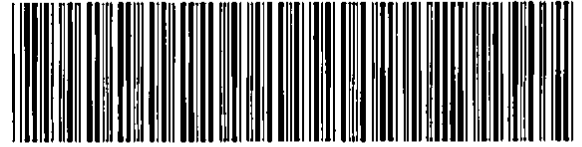
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF
REGISTRATION
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A2Z GAMES INC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ALTAF SATTAR

Name of Person

SOFTBOOKS INC

Firm/Company

5373 N NOB HILL RD

Address

SUNRISE, FL 33351

City/State and Zip code

INFO@SOFTBOOKSINC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROCIO BAQAI

at (786) 556-9146

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 DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160: \$ 70.00

Authorization Signature: 

A2Z GAMES INC

BUSINESS NAME **DOCUMENT #**

 Certified Copy of Articles of Organization

 Certificate of Status

NEW FILINGS

 Profit Corp
 Not for Profit
 Limited Liability
 Domestication
 Other
 CORP
 LLLP

AMMENDMENTS

 Amendment
 Resignation of R.A. Officer/Director
 Change of Registered Agent
 Dissolution
 Merger
 Conversion
 Amended and restated Articles
 Statement of Authority

OTHER FILINGS

 Annual Report
 Fictitious Name
 APOSTILLE

Country

REGISTRATION/QUALIFICATIONS

 X Foreign filing
 Limited Partnership
 Reinstatement
 Other

EXAMINER'S INITIALS:

**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. A2Z GAMES INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 85-1406907
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/10/2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)


7. 5600 NW 72ND AVE UNIT 668588, MIAMI, FL 33166
(Principal office street address)
5600 NW 72ND AVE UNIT 668588, MIAMI, FL 33166
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: SOFTBOOKS INC
Office Address: 5373 N NOB HILL RD
SUNRISE, Florida 33351
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

☒ President _____

☐ Vice President _____

☐ Secretary _____

☐ Other _____

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____

☐ Other _____

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____

☐ Other _____

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____

☐ Treasurer _____

☐ Other _____

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____

☐ Treasurer _____

☐ Other _____

☐ Chairman Name _____

☐ Vice Chairman Address _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary _____

☐ Treasurer _____

☐ Other _____

Important Note: 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. Rocio Baquai 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/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.

13. ROCIO BAQUAI Typed or printed name and capacity of person signing application

Delaware

The First State

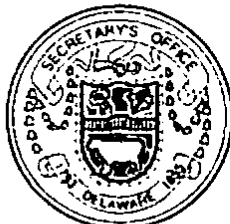
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A2Z GAMES INC." 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 THIRTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A2Z GAMES INC." WAS INCORPORATED ON THE TENTH DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

3040227 8300

SR# 20230967520

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202902025

Date: 03-13-23