

F23000002843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entry Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W23-68736

Office Use Only



000408489880

2023 MAY 12 AM 10:49

RECEIVED

2023 MAY 11 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 15 2023

C. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2023

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: CITOXE INTERNATIONAL, LTD.
Ref. Number: W23000068736

We have received your document for CITOXE INTERNATIONAL, LTD. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the name of the company is available but only the suffix is not acceptable then you would list the name in line 1 as it is in the home state and just add an appropriate suffix. The alternate name line is only to be used if the name is not available.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 523A00010795

RECEIVED
2023 MAY 12 PM 12:45
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$78.75
AUTHORIZATION SIGNATURE: _____

Citoxe International, LTD
BUSINESS (Name)

Document #

___ Walk in _____ Pick up time _____
___ Mail out _____ Will wait _____
___ Photocopy _____
___ Certified Copy (please stamp each page)

X Certificate of Status
NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
☒ Other
___ **CORP**

AMENDMENTS

___ Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ **Conversion**

OTHER FILINGS

___ Annual Report
___ Fictitious Name

REGISTRATION/QUALIFICATIONS

☒ Foreign filing
___ Limited Partnership
___ Reinstatement

___ APOSTIL (___ Other
Country

EXAMINER'S INITIALS: _____

COVER-LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Citoxe International, Ltd

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:

Brian Estrella

Name of Person

Citoxe International, Ltd

Firm/Company

9330 Lagoon Place Apt 207

Address

Davie FL 33324

City/State and Zip code

citoxeintl@gmail.com

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

For further information concerning this matter, please call:

Brian Estrella

at (718) 614-5857

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

**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. Citoxe International, Ltd. Corp.
(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. New York 3. 47-0857416
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/01/2002 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. 9330 Lagoon Place Apt 207 Davie FL 33324
(Principal office street address)

P.O. Box 15616, DAVIE, FLA. 33318
(Current mailing address, if different)

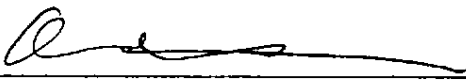
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Pulver CPA, LLC
Office Address: 800 SE 4th Ave Ste 821
Hallandale Beach, Florida 33009
(City) (Zip code)

2023 MAY 12 AM 10:19

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: Brian Estrella
☐ Vice Chairman Address: 9330 Lagoon Place Apt 207
☐ Director Davie FL 33324
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

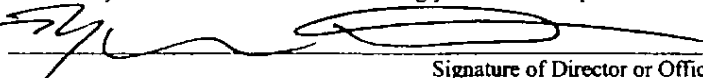
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

13. BRIAN ESTRELLA, PRESIDENT
(Typed or printed name and capacity of person signing application)

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: CITOXE INTERNATIONAL, LTD.
DOS ID Number: 2749332
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 04/01/2002

Statement Status: CURRENT
Statement Due Date: 04/30/2024

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 May 11, 2023 at 09:48 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State