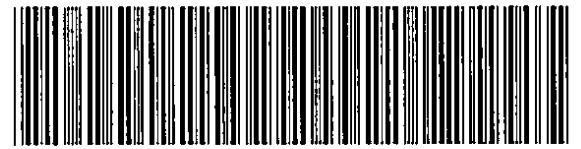


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nayboy & Company INC.
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Beverly L. JAMES
Name of Person

Nayboy & Company INC.
Firm/Company

8636 Vatican Drive
Address

Mckinney, Texas 75071
City/State and Zip Code

nayboytours@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beverly L. James at (585) 303-0699
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. May boy & Company INC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York (Jurisdiction under which foreign limited liability company is organized) 3. 416-5751089 (FEI number, if applicable)

4. _____ (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Beverly L. James
(Street Address of Principal Office)

8636 Vatican Drive
McKinney, Texas 75071

6. Beverly L. James
(Mailing Address)

8636 Vatican Drive
McKinney, Texas 75071

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

Name: Beverly L. James

Office Address: 2942 Lawrence Drive

Melbourne Florida Florida 32901
(City) (Zip code)

2012 JUN 11 11:53 AM

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Beverly L. James
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	<u>Baby Ray James</u>	<input checked="" type="checkbox"/> Manager	Name:	<u>Kisha James-Harris</u>	<input type="checkbox"/> Manager	Name:
<input checked="" type="checkbox"/> Member	Address:	<u>8636 Vatican Dr</u>	<input checked="" type="checkbox"/> Member	Address:	<u>8636 Vatican Dr</u>	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized Person		<u>McKinney, TX 75071</u>	<input checked="" type="checkbox"/> Authorized Person		<u>McKinney, TX 75071</u>	<input type="checkbox"/> Authorized Person	
		<u>President</u>			<u>Director of Operation</u>		
<input type="checkbox"/> Other			<input type="checkbox"/> Other			<input type="checkbox"/> Other	

<input checked="" type="checkbox"/> Manager	Name:	<u>Beverly L. James</u>	<input type="checkbox"/> Manager	Name:	_____
<input checked="" type="checkbox"/> Member	Address:	<u>8636 Vatican Dr</u>	<input type="checkbox"/> Member	Address:	_____
<input checked="" type="checkbox"/> Authorized Person		<u>McKinney, TX 75071</u>	<input type="checkbox"/> Authorized Person		_____
		<u>Admin Director/Treasurer</u>			_____
<input type="checkbox"/> Other			<input type="checkbox"/> Other		

<input checked="" type="checkbox"/> Manager	Name:	<u>Rhague L. Diane June</u>	<input type="checkbox"/> Manager	Name:	_____
<input type="checkbox"/> Member	Address:	<u>5913 Humber Lane</u>	<input type="checkbox"/> Member	Address:	_____
<input checked="" type="checkbox"/> Authorized Person		<u>Aubrey, TX 76227</u>	<input type="checkbox"/> Authorized Person		_____
		<u>Director of Property mgmt</u>			_____
<input type="checkbox"/> Other			<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Beverly L. James
Signature of an authorized person

Beverly L. James
Typed or printed name of signer

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: NAYBOY & COMPANY INC
DOS ID Number: 4570813
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 05/01/2014

Statement Status: CURRENT
Statement Due Date: 05/31/2024

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 June 30, 2023 at 06:32 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes
Executive Deputy Secretary of State