# F23000004189

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## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
  All Profit Corporations must file an Annual Report yearly to maintain "active"
  status. The first report is due in the year following formation. The report must be filed
  electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is
  \$150. After May 1<sup>st</sup> a \$400 late fee is added to the annual report filing fee. "Annual
  Report Reminder Notices" are sent to the e-mail address you provide us when you submit
  this document for filing. To file any time after January 1<sup>st</sup>, go to our website at
  www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

### **COVER LETTER**

TO:	Registration Section Division of Corporations					
SHR	JECT: ROYAL BOTANIA CORPORATION	ī				
SOD	Name of corpor	ration - mus	t include suffix			
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreign Corporatio ficate of Existence," or "Certificate of Good referenced foreign corporation to transact b	Standing"	and check are sub			
Please	return all correspondence concerning this n	natter to the	following:			
XAVI	ER HO					
	Nan	ne of Persor	1			
	Firm	/Company				
60 BR	OAD STREET STE 3502					
		Address				
NEW	YORK NY 10004					
-	City/S	tate and Zip	code			
XHOI	LIU@ORCOMUS.COM					
	E-mail address: (to be t	ised for futi	ire annual report r	otification)		
For fu	rther information concerning this matter, ple	ease call:				
XAVI	ER HP at (646	35	356-0475			
	Name of Person Area		Daytime Telepl	hone 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			
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTN 0.00 Filing Fee  \$78.75 Filing Fee & Certificate of Status	□ \$78.	FATE 75 Filing Fee & ified 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.

ROYAL BOTANIA CORPORATION

(If name unavail	able in Florida, enter alternate corpora	te name adopted for the purpose of transacting business in Flori	ida)
NEW YORK		3.	
(State or count	y under the law of which it is incorpor	rated) (FEI number, if applicable)	
05/18/2009		5 PERPETUAL	
(Date	of incorporation)	5. PERPETUAL  (Date of duration, if other than perpetual)	
	(Date first transacted by (SEE SECTIONS 607.1501	usiness in Florida, if prior to registration) & 607.1502, F.S., to determine penalty liability)	
60 BROAD ST S	TE 3502 NEW YORK NY 10004		
		ripal office street address)	
	(Curre	nt mailing address, if different)	
		III Mammy addiess. II directini	
	(cure	in maning address, if differenty	
Name and stre	·		
	et address of Florida registered age		
Name and stre Name:	et address of Florida registered age PARACORP INCORPORATED	nt: (P.O. Box <u>NOT</u> acceptable)	
Name:	et address of Florida registered age	nt: (P.O. Box <u>NOT</u> acceptable)	
Name:	PARACORP INCORPORATED  155 Office Plaza Drive, 1st Floor	nt: (P.O. Box <u>NOT</u> acceptable)	<b>4</b> 000
Name:	PARACORP INCORPORATED  155 Office Plaza Drive, 1st Floor	nt: (P.O. Box <u>NOT</u> acceptable)	E tono
Name: ffice Address:	PARACORP INCORPORATED  155 Office Plaza Drive, 1st Floor  Tallahassee  (City)	nt: (P.O. Box <u>NOT</u> acceptable)	
Name:  ffice Address:  Registered ag	PARACORP INCORPORATED  155 Office Plaza Drive, 1st Floor  Tallahassee  (City)	nt: (P.O. Box NOT acceptable)  Florida 32301 (Zip code)	
Name:  ffice Address:  Registered ag  aving been nan	PARACORP INCORPORATED  155 Office Plaza Drive, 1st Floor  Tallahassee  (City)  ent's acceptance:  seed as registered agent and to acceptance	rpt service of process for the above stated corporation at	ine pra
Name:  ffice Address:  Registered ag  aving been nan  signated in this	PARACORP INCORPORATED  155 Office Plaza Drive, 1st Floor  Tallahassee  (City)  ent's acceptance: led as registered agent and to accept application, I hereby accept the a	nt: (P.O. Box NOT acceptable)  Florida 32301 (Zip code)	apacit
Name:  ffice Address:  Registered ag laving been nan esignated in this arther agree to c	PARACORP INCORPORATED  155 Office Plaza Drive, 1st Floor  Tallahassee  (City)  ent's acceptance: led as registered agent and to accept application, I hereby accept the a	rpt service of process for the above stated corporation at a process registered agent and agree to act in this enables relative to the proper and complete performance of a state of the proper and complete performance of a state of the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance of the state of the stat	apacit
Name:  office Address:  Registered aglaving been nan esignated in this orther agree to contact the contact of t	PARACORP INCORPORATED  155 Office Plaza Drive, 1st Floor  Tallahassee  (City)  ent's acceptance:  ded as registered agent and to accept application, I hereby accept the accomply with the provisions of all states.	rpt service of process for the above stated corporation at a process registered agent and agree to act in this enables relative to the proper and complete performance of a state of the proper and complete performance of a state of the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance of the state of the stat	apacit
Name:  Office Address:  Registered aglaving been nan esignated in this arther agree to c	PARACORP INCORPORATED  155 Office Plaza Drive, 1st Floor  Tallahassee  (City)  ent's acceptance: led as registered agent and to accept application, I hereby accept the accept with the provisions of all story with and accept the obligations of all story with a sto	rpt service of process for the above stated corporation at a process registered agent and agree to act in this enables relative to the proper and complete performance of a state of the proper and complete performance of a state of the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance of the state of the proper and complete performance of the state of the stat	<b>ap</b> acii

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 Brett Johnson Name: \_ □ Chairman □ Chairman Name: 60 BROAD ST STE 3502 □Vice Chairman Address: \_\_\_ □ Vice Chairman Address: \_\_\_\_\_ NEW YORK NY 10004 □Director ☐ Director ■ President □ President □Vice President □Vice President ☐ Secretary □Treasurer □Secretary ☐Treasurer □Other \_\_\_\_\_ □Other Other \_\_\_\_ □Other \_\_\_\_\_ □ Chairman □Chairman Name: \_\_\_\_ Name: □Vice Chairman Address: \_\_\_\_ ☐ Vice Chairman Address: \_\_\_\_ □ Director □ Director □President □ President □Vice President \_\_\_\_ □ Vice President □Treasurer ☐ Secretary □ Secretary ☐ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: ☐ Chairman Name: □Vice Chairman Address: \_\_\_\_ □ Vice Chairman Address: \_\_\_\_\_ Director □ Director ☐ President □ President □Vice President \_\_\_\_\_ □ Vice President ☐ Secretary □Treasurer ☐ 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. Brett Johnson 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 of she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in

(Typed or printed name and capacity of person signing application)

s.817,155, F.S.

Brett Johnson

#### 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: ROYAL BOTANIA CORPORATION

**DOS 1D Number:** 3817930

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 06/03/2009

Statement Status: CURRENT Statement Due Date: 06/30/2023

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 15, 2023 at 12:58 P.M.

Brandon C. Hylan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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