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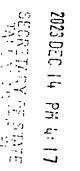
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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12/14/28--01824--002 **78.75





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.	Banana's Ake Cabana, Inc. Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"				
	Inter name of corporation; must include "INCORPORATED," COMPANY, CORPORATION, Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")				
	Comparing hydrogen Playida				
	If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)				
2.	New York 3. 83-1833868 (State or country under the law of which it is incorporated) (FEI number, if applicable)				
4.	(Date of incorporation) (Date of duration, if other than perpetual)				
	(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	8462 Palm PKWY Oflando, FL 32836 (Principal office street address)				
	13790 Abberwick New Orlando, FL 32832 19 5 (Current mailing address, if different)				
•	(Current mailing address, if different)				
8.	Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)				
	Name: Jill Bogaty				
Of	13790 Abberwick New Orlando FL 32832 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Jill Bogaty ice Address: 13790 Abberwick Drive				
	Dilando, Florida 32832				
	(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.

A. DIRECTORS	· ·		√ •			
Chairman	Name: Stuat Bogaty	Chairman	Name: JII Bogaty			
□Vice Chairman	Address: 13 790 Abberwick Nr.	□Vice Chairman	Address: 13790 ABSUNICK IV.			
□Director	Mlando FL 32832	□Director	<u>Onlando, FL</u> 32832			
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	Secretary	□Treasurer			
□Other		Other	Other			
□Chairman	Name:	□Chai r man	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ 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.						
12.	Signature of Director of	Officer				
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	Stuat Bogaty C (Typed or printed name and capacity of perso	Lauman))			
(1 yped 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: BANANA'S AXE CABANA, INC.

DOS ID Number: 5406122

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 09/07/2018

Statement Status: CURRENT Statement Due Date: 09/30/2024

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 December 04, 2023 at 03:10 P.M.

Brandon C Heylan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100004771691 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

I filed a Florida Corporation document under the name Banana's Axe Cabana and it should have been filed as a foreign qualification.

I've dissolved the Florida corporation and am applying for a foreign qualification but I wish to use the same name Banana's Axe Cabana for the foreign qualification.

I am releasing the name document P23000084390 so I can refile that name as a foreign qualification.

"I swear under oath or affirmation under penalty of perjury that the foregoing information is true and correct.

State of Florida

County of <u>Orange</u>

Applicant Signature

The foregoing was () Sworn to and Subscribed OR. () Acknowledged Before me this

11th Day of December, 2023. By Jill Bogaty who is (.) personally (print name of person making statement)

Know to me OR (who produced Florida Driver's License as identification.

Notary/Public

Commission Expires: Nov. 14th, 2025

