

**M210000009061**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000270895 3)))



H210002708953ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.  
Account Number : I20000000088  
Phone : (800)221-0102  
Fax Number : (800)944-6607

\*\*Enter the email address for this business entity to be used for future  
annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
2021 JUL 15 AM 11:40  
SHERIFF OF FLORIDA  
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company  
BONITTO CONCEPTS, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

YES  
7/14/21

(((H21000270895 3)))

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Bonitto Concepts, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Nik Bonitto

Name of Person

Bonitto Concepts, LLC

Firm/Company

1900 SW 8th Street, Apt E-809

Address

Miami, FL 33135

City/State and Zip Code

vbonitto69@yahoo.com

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

For further information concerning this matter, please call:

Nik Bonitto

at (786) 385-7159

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

(((H21000270895 3)))

(((H21000270895 3)))

**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. Bonitto Concepts, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LIC")

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

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

87-1327910

3. \_\_\_\_\_ (File number, if applicable)

1707131127

4. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 1900 SW 8th Street, Apt E-809

(Street Address of Principal Office)

6. 1900 SW 8th Street, Apt E-809

(Mailing Address)

Miami, FL 33135

Miami, FL 33135

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Nik BonittoOffice Address: 1900 SW 8th Street, Apt E-809Miami \_\_\_\_\_, Florida 33135  
(City) (Zip code)**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.*

COGENCY GLOBAL INC.

/s/Jeffrey Cohen

(Registered agent's signature)

Jeffrey Cohen, Assistant Secretary

(((H21000270895 3)))

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 type="checkbox"/> Manager	Name: Nik Bonitto	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 1900 SW 8th Street, Apt E-809	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Miami, FL 33135	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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.

Signature of an authorized person

Nik Bonitto

Typed or printed name of signee

((H21000270895 3)))

(((H21000270895 3)))

# Delaware

Page 1

The First State

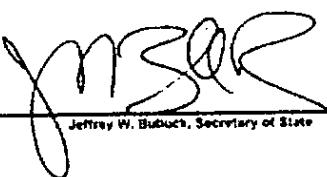
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BONITTO CONCEPTS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BONITTO CONCEPTS, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6001880 8300

SR# 20212707235

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)  
\_\_\_\_\_  
Jeffrey W. Bullock, Secretary of State

Authentication: 203675629

Date: 07-14-21

(((H21000270895 3)))