

**Q14000000081**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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PALM BEACH COUNTY, FLORIDA

2014 SEP -9 AM 11:29

SEP 12 2014  
J. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEJOURCYN INC.  
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE REINES  
(Name of Person)

(Firm/Company)

17555 COLLINS AVE APARTMENT 707  
(Address)

SUNNY ISLES 33160  
(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE REINES at (305) 7862778413  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☐ \$35.00 Filing Fee

☒ \$43.75 Filing Fee & Certified Copy

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR  
ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. DETORCYN, INC  
(Name of alien business organization)

2. BRITISH VIRGIN ISLANDS  
(State or country under which entity is organized)

3. N/A  
(FEI Number, if applicable)

4. OMAR NOBLE BUILDING 2ND FLOOR WICKHAMS BAY 1 ROAD TOWN  
TORTOLA, BRITISH VIRGIN ISLANDS.  
(Principal office address)

5. Name and Florida Street address of registered agent.

LARRY BAUM  
2700 WEST CYPRESS CREEK RD.  
FT LAUDERDALE, FL 33309

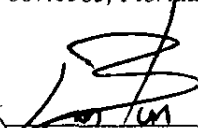
6. The street address of the registered office and the street address of the business office of the registered agent are identical.

7.   
(Signature of chairman, vice chairman, or officer)

8. DIRECTOR  
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.*

  
(Registered agent accepting appointment)

8-9-2014  
(Date)

**THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

**FILING FEE \$35**

**Make checks payable to Florida Department of State and mail to:  
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314**

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TALLAHASSEE, FLORIDA