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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

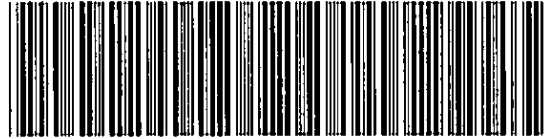
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kapital Piercings Tattoos & Family Inc
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kelvin L SenFleur
Name of Person

Kapital Piercings Tattoos & Family Inc
Firm/Company

2831 Fletcher St
Address

Hollywood Fl 33026
City/State and Zip code

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

For further information concerning this matter, please call:

Kelvin SenFleur at (929) 436 - 7800
Name of Person Area Code Daytime Telephone 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

Enclosed is a check for the following amount:

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

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2020

KELVIN L SENFLEUR
2831 FLETCHER ST
HOLLYWOOD, FL 33020

SUBJECT: KAPITAL PIERCINGS TATTOOS & FAMILY INC
Ref. Number: W20000129198

We have received your document for KAPITAL PIERCINGS TATTOOS & FAMILY INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 820A00022525

RECEIVED

JAN 19 2021

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. Capital Piercing Tax LLC & Family Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. State of New York 3. 83-4570375
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/3/2019 5. _____
(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. 3436 N. Miami Ave, Miami FL 33137
(Principal office street address)
2831 Fletcher St Hollywood FL 33020
(Current mailing address, if different)

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

Name: Kenneth S. Fletcher

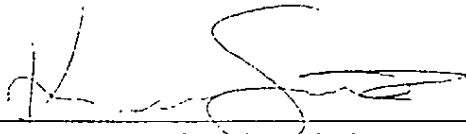
Office Address: 2831 Fletcher St

Hollywood FL Florida 33020
(City) (Zip code)

21 JUN 19 04 25

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: WILLIAM S. FINE

Chairman Name: _____

Vice Chairman Address: 2231 W. BERRY ST

Vice Chairman Address: _____

Director 1111 W. BERRY ST

Director _____

President 2231 W. BERRY ST

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 _____

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 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 §.817.155, F.S.

13. WILLIAM S. FINE
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of KAPITAL
PIERCINGS TATTOOS & FAMILY INC was filed on 04/03/2019, with perpetual
duration, and that a diligent examination has been made of the Corporate
index for documents filed with this Department for a certificate, order,
or record of a dissolution, and upon such examination, no such
certificate, order or record has been found, and that so far as indicated
by the records of this Department, such corporation is an existing
corporation.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 19th day of November two
thousand and twenty.*

Brendan C. Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*