

**F/2000003258**

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(Requestor's Name)

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(Address)

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(Address)

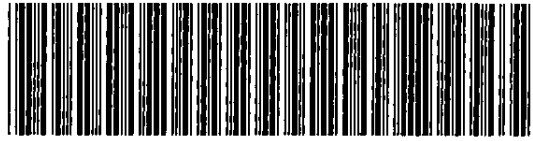
\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

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

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

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



**900238111459**

08/06/12--01011--010 \*\*70.00

Special Instructions to Filing Officer:  
*COMPLETED #1 (CORP. NAME)  
TO MATCH CERTIFICATE, ADDED  
"PERPETUAL" TO LINE #5.  
ADDED CORPORATION SUFFIX  
TO ALT. NAME. PER TELEPHONE  
CONVERSATION WITH SHERI  
KELLY.*

Office Use Only

*R 08/07/12*

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12 AUG - 6 PM 2:45  
OFFICE OF THE CLERK OF THE  
TALLAHASSEE, FLORIDA

*R 08/07/12*

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** VPS International Corp  
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:

Sheri Kelly  
Name of Person

Anti Aging Clinic of America  
Firm/Company

860 US Hwy 1  
Address

North Palm Beach FL 33408  
City/State and Zip code

Sheri Kelly @ yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheri Kelly at (561) 766-2633  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

- \$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

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. VPS International Corporation
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

\* Vortek International Protective Services Corporation
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 80 061 4476
(State or country under the law of which it is incorporated) (FEI number, if applicable)

\* 4. 6-9-2010 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 6-7-12
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 19 Greentree lane Chester NY 10918
(Principal office address)

860 US Hwy One NPB, FL 33408
(Current mailing address)

\* 8. Expansion
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: Sheri Kelly

Office Address: 860 US Hwy 1

NPB FL 33408, Florida 33408
(City) (Zip code)

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10. 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.

Sheri Kelly
(Registered agent's signature)

11. 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.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Melanie Vitalli

Address: 19 Crescent Ln  
Chester NY 10918

Vice Chairman: David Vitalli

Address: 19 Crescent Ln  
Chester, NY 10918

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

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B. OFFICERS

President: Melanie Vitalli

Address: 19 Crescent Ln  
Chester NY 10918

Vice President: David Vitalli

Address: 19 Crescent Ln  
Chester, NY 10918

Secretary: Richard Cohen

Address: 19 Crescent Ln Chester NY 10918

Treasurer: Richard Cohen

Address: 19 Crescent Ln, Chester NY 10918

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

X 13. [Signature]  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 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.

X 14. David Vitalli  
(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 VPS INTERNATIONAL CORPORATION was filed on 06/09/2010, 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.

I further certify that no other documents have been filed by such corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 31st day of July  
two thousand and twelve.*

A handwritten signature in black ink, appearing to read "Daniel Shapiro".

Daniel Shapiro  
First Deputy Secretary of State

12 AUG -6 PM 2:46  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA