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.

(((H140000987693)))



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)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 : (800)221-2972 Fax Number : (888)692-9256

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

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION 5981 CONSULTING LTD

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	E WITH SECTION 607, 1503, FLORIDA ST REIGN CORPORATION TO TRANSACT E	TATUTES, THE FOLLOWING IS SUBMITTED TO SUSINESS IN THE STATE OF FLORIDA.		
. 5981 CO	NSULTING LTD, CORP.			
(Enter name of co	orporation; must include "TNCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	-	
	NSULTING CORP.		_	
=		adopted for the purpose of transacting business in Florida)		
2 NEW YO	RK 3.			
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	_	
4. 03/28/20	12 5.	PERPETUAL		
6, 04/18/20	of incorporation)	(Durotion: Year corp. will cease to exist or "perpetual")	•	
0	(Date first transacted business in	r Florida, if prior to registration) 502, F.S., to determine penalty Hability)	-	
, 1410 20T	H STREET MIAMI BEACH	I, FL 33139		
·	(Principal office adde	ress)	-	
1410 20T	H STREET MIAMI BEACH,	FL 33139		
ga ayan bara segara daga ayeng ayeng sebara da	(Current mailing add	ress)	-	•
	FOOD CONSULTANT, PHYSICAL THER FALESTATE CONSULTANT	APY MASSAGE, THERAPY SPA, SCHOOL OF		
) of corporation authorized in home state or co	untry to be carried out in state of Florida)	-	
9. Name and street	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	5.00 =	
Name:	VINCENZO CONTICEL	· · · · · · · · · · · · · · · · · · ·	- 181 T	
Office Address:	6301 COLLINS AVE SUITE 1	103	APR 2	
	MAMI	Plorida 33141	(25) (25) (35)	
	(City)	(Zip code)	1 P	
Having been nam designated in this further agree to c	application, I hereby accept the appoint	ice of process for the above stated corporation at the ment as registered agent and agree to act in this cap relative to the proper and complete performance of If my position as registered agent.	place metty. I	,
	(Registered agent's si	gnature)		

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: VINCENZO CONTICELLO	_		
Address: 6301 COLLINS AVE SUITE 1103	-		
MIAMI BEACH, FL 33141			
Vice Chairman:	•		
Address:	-		
	~		
Oirector:	-		
Address:	-		
	•		
Directors	誤	7.	
	= 155 = 155 = 150	_	
		APR	
B. OFFICERS President: VINCENZO CONTICELLO		25	Γ
		01	Ī
MIAMI BEACH, FL 33141		골	. U
VIco President:		<u>\(\frac{1}{2}\)</u>	
Address:	المناه والمنا	20	
Aguress:			
Secretary:	-	•	
Address:	•		
Тгеазитет	_		
Address:	_		
NOTE: If necessary you may arrach an addendant to the analication figure additional Officers and/or directors	_		
13. Signature of Director or Officer	_		•
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 faire information submitted in a document to the Department of State constitutes a third degree felony as provided for its 837.155, P.S.			
VINCENZO CONTICELLO			
(The advantage of the second o	-		

State of New York } ss: **Department of State**

I hereby certify, that the Certificate of Incorporation of 5981 CONSULTING LTD. was filed on 03/28/2012, under the name of NEW YORK SICILY LTD., 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 the following:

A certificate changing name to 5981 CONSULTING LTD. was filed on 03/19/2013.

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



201404180004 * 39

Witness my hand and the official seal of the Department of State at the City of Albany, this 17th day of April two thousand and fourteen.

Anthony Giardina Executive Deputy Secretary of State