



## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
MVP CONSULTING PLUS, INC.

**SUBJECT:** \_\_\_\_\_  
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:  
ILAKUMARI N PATEL

\_\_\_\_\_  
Name of Person  
MVP CONSULTING PLUS, INC

\_\_\_\_\_  
Firm/Company  
435 NEW KARNER ROAD, SUITE 202

\_\_\_\_\_  
Address  
ALBANY, NEW YORK, 12205

\_\_\_\_\_  
City/State and Zip code  
ilap@mvpconsultingplus.com

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

For further information concerning this matter, please call:

ILAKUMARI N PATEL                      518                      218-1700  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration 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.

MVP CONSULTING PLUS, INC.

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

MVP CONSULTING PLUS FL. 'A'

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
NEW YORK, USA 02-0600234

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
05/10/2002

4. \_\_\_\_\_ 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)  
435 NEW KARNER ROAD, SUITE 202, ALBANY, NY 12205

7. \_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: NAREN PATEL

Office Address: 3055 HARBOR DRIVE # 1501  
FORT LAUDERDALE, Florida 33316  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

**A. DIRECTORS**

ILAKUMARI N PATEL

Chairman: 435 NEW KARNER ROAD, SUITE 202

Address: ALBANY, NY 12205

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

DOUGLAS W PHILLIPS

President: 435 NEW KARNER ROAD, SUITE 202

Address: ALBANY, NY 12205

Vice President:

Address:

ILAKUMARI N PATEL

Secretary: 435 NEW KARNER ROAD, SUITE 202, ALBANY, NY 12205

Address: ILAKUMARI N PATEL

Treasurer: 435 NEW KARNER ROAD, SUITE 202, ALBANY, NY 12205

Address:

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

12. IN Patel

Signature of Director or Officer

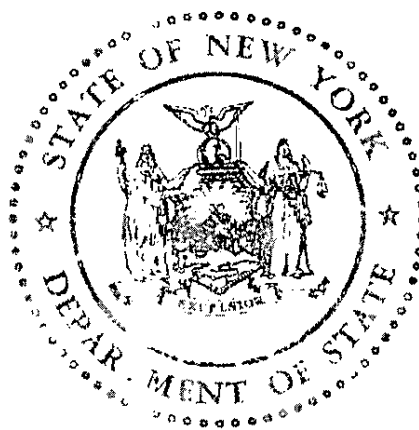
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. ILAKUMARI N PATEL CEO

(Typed or printed name and capacity of person signing application)

State of New York } ss:  
Department of State

I hereby certify, that the Certificate of Incorporation of MVP CONSULTING PLUS, INC. was filed on 05/10/2002, 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.



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*WITNESS my hand and the official seal of the Department of State at the City of Albany, this 30th day of September two thousand and fifteen.*

*Anthony Giardina*

Executive Deputy Secretary of State