F01000004312

TRANSMITTAL LETTER

8/15

TO: Registration Section
Division of Corporations

SUBJECT: DELIAN FINANCIAL LEAGUE INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

MJH

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

MINAS G. LIRISTIS
(Name of Person)

DELIAN FINANCIAL LEAGUE INC.
(Firm/Company)

690 ISLAND WAY #1112
(Address)

CLEARWATER FL 33767
(City/State and Zip code)

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*****78.75 *****78.75

For further information concerning this matter, please call:

MINAS LIRISTIS at (727) 461-3566
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
01 AUG 15 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. DELIAN FINANCIAL LEAGUE INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEVADA
(State or country under the law of which it is incorporated)

3. 36-4409128
(FEI number, if applicable)

4. 11/30/00
(Date of incorporation)

5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 690 ISLAND WAY #1112 CLEARWATER FL 33767
(Principal office address)

SAME AS ABOVE
(Current mailing address)

8. REAL ESTATE TRANSACTIONS.
(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 or Mail Drop Box **NOT** acceptable)

Name: MINAS LIRISTIS

Office Address: 690 ISLAND WAY #1112

CLEARWATER (City), Florida 33767 (Zip code)

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TALLAHASSEE, FLORIDA

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.

Minas Liristis
(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: MINAS LIRISTIS

Address: 690 ISLAND WAY #1112 CLEARWATER FL 33767

Vice Chairman: AS ABOVE

Address:

Director: AS ABOVE

Address:

Director: AS ABOVE

Address:

B. OFFICERS

President: MINAS LIRISTIS

Address: 690 ISLAND WAY #1112 CLEARWATER FL 33767

Vice President: AS ABOVE

Address:

Secretary: AS ABOVE

Address:

Treasurer: AS ABOVE

Address:

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

13. [signature]

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MINAS LIRISTIS PRESIDENT.

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

SECRETARY OF STATE

STATE OF NEVADA

CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DELIAN FINANCIAL LEAGUE INC.,** as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 30, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on May 22, 2001.

Dean Heller

Secretary of State

By

Certification Clerk