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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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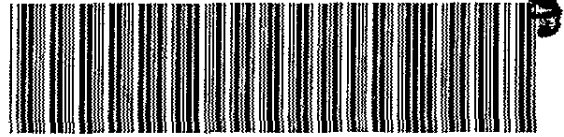
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

MRS  
1/17/07

**COVER LETTER**

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

**SUBJECT:** Pro-Capital Consulting Services, 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," 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:

Michael Vanaria  
(Name of Person)

Pro-Capital Consulting Services, Inc.  
(Firm/Company)

71 North Avenue  
(Address)

New Rochelle, NY 10801  
(City/State and Zip code)

For further information concerning this matter, please call:

Michael Vanaria at ( 914 ) 654-9400  
(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. Pro-Capital Consulting Services, Inc.**

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

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

**2. New York**

*(State or country under the law of which it is incorporated)*

**3. 20-0629581**

*(FEI number, if applicable)*

**4. 1/15/2004**

*(Date of incorporation)*

**5. Perpetual**

*(Duration; Year corp. will cease to exist or "perpetual")*

**6. N/A**

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

**7. 71 North Avenue New Rochelle, NY 10801**

*(Principal office address)*

**71 North Avenue New Rochelle, NY 10801**

*(Current mailing address)*

**8. Mortgage Broker**

*(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: **CorpDirect Agents, Inc.**

Office Address: **515 East Park Ave.**

**Tallahassee**, Florida **32301**

*(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.*

*Richard Asst. Sec.*  
**Richard Asst. Sec.**  
*(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: \_\_\_\_\_

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

Vice Chairman: \_\_\_\_\_

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

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

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

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

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

**B. OFFICERS**

President: Michael Vanaria

Address: 71 North Avenue

New Rochelle, NY 10801

Vice President: \_\_\_\_\_

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


Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

13.   
(Signature of Director or Officer listed in number 12 of the application)

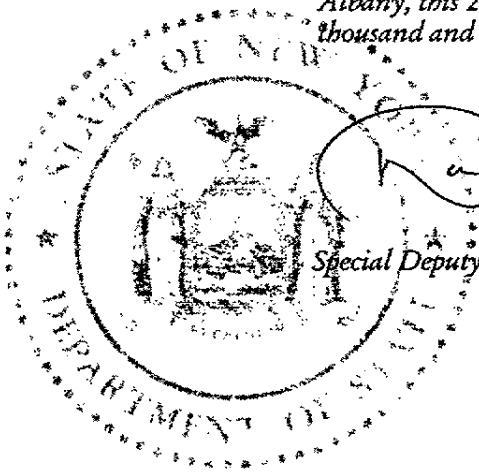
14. Michael Vanaria, President  
(Typed or printed name and capacity of person signing application)

State of New York  
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PRO-CAPITAL CONSULTING SERVICES, INC. was filed on 01/15/2004, 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 21st day of June two  
thousand and six.*



*Special Deputy Secretary of State*

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07 JAN 12 PM 14:55  
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