

F08000000560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-7

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Virtual-NET Project, 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:

Joseph P. Adams

(Name of Person)

Virtual-NET Project, Inc.

(Firm/Company)

1323 Lenora Drive

(Address)

Merritt Island, FL 32952

(City/State and Zip code)

For further information concerning this matter, please call:

Henry Rodriguez, Esq. at (305) 234-4094

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2007

JOSEPH P. ADAMS / VIRTUAL NET PROJECT, INC.
1323 LENORA DR.
MERRITT ISLAND, FL 32952

SUBJECT: VIRTUAL-NET PROJECT, INC.
Ref. Number: W07000059529

We have received your document for VIRTUAL-NET PROJECT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 207A00069145

Henry Rodriguez
ATTORNEY AT LAW

1500 One Datan Center
9100 South Dadeland Blvd. Miami, FL 33156
305-234-4094 Fax 305-234-4097
Henry@rodrigueziplaw.com

February 5, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Carolyn Lewis

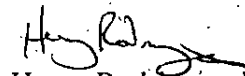
Subject: Virtual-NET Project, Inc.
Ref. Number: W07000059529
Letter Number: 207A00069145

Dear Ms. Lewis,

Enclosed please find the required document, a certificate of good standing, issued by Delaware's Division of Corporation for the corporation in question. Your assistance in processing my client's application for authorization to transact business in Florida is appreciated.

Should you have any other issues or comments regarding my client's application, please do not hesitate to contact my offices.

Sincerely,


Henry Rodriguez, Esq.

HR
Encl.
File

**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. Virtual-NET Project, 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. Delaware

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

3. _____

(FEI number, if applicable)

4. November 29, 2007

(Date of incorporation)

5. Perpetual

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

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

7. 1323 Lenora Drive, Merritt Island, FL 32952

(Principal office address)

1323 Lenora Drive, Merritt Island, FL 32952

(Current mailing address)

8. To engage in any lawful act or activity

(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: Henry Rodriguez, Esq.

Office Address: 9100 S. Dadeland Blvd., Suite 1500

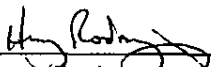
Miami, Florida 33156

(City)

(Zip code)

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.



(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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Joseph P. Adams

Address: 1323 Lenora Drive
Merritt Island, FL 32952

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Joseph P. Adams

Address: 1323 Lenora Drive
Merritt Island, FL 32952

Vice President: _____

Address: _____

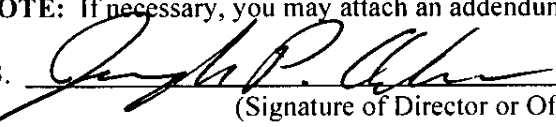
Secretary: Joseph P. Adams

Address: 1323 Lenora Drive, Merritt Island, FL 32952

Treasurer: Joseph P. Adams

Address: 1323 Lenora Drive, Merritt Island, FL 32952

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. Joseph P. Adams - Director
(Typed or printed name and capacity of person signing application)

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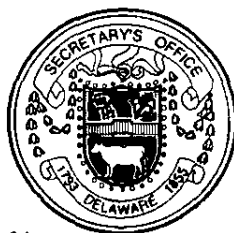
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIRTUAL-NET PROJECT, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIRST DAY OF FEBRUARY, A.D. 2008.



4465500 8300

080110756

You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6356190

DATE: 02-01-08