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(City/State/Zip/Phone #)	_	
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)	_	
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer:		





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SECRETARY OF STATE ALLAHASSEE, ELOPIO

FILED

C.J. 527

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: INTELLIGENT	T DELIVERY CORP. ion - must include suffix)		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.			
Please return all correspondence concerning this matter	er to the following:		
NATHAN BERMA	·		
(Name of Person)			
CORPORATE SOLUTI	ons LLC		
	Company)		
520 BRICKELL KEY DR Ste 1403			
MiAMi F1 3	dress) 3 (3) e and Zip code)		
For further information concerning this matter, please	call:		
NATURAL DERMAN 305 371-6563			
NATHAN BERMAN (305) 371-6563 (Name of Person) (Area Code & Daytime Telephone Number)			
(Time	code to Buy inne Polephone Plantesity		
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 & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2008

NATHAN BERMAN 520 BRICKELL KEY DR., STE. 1403 MIAMI, FL 33131

SUBJECT: INTELLIGENT DELIVERY CORP.

Ref. Number: W08000021496

RECEIVED 88 HAY 27 HI S-00 8.17510HI SF RRIPDES-ATTRING

We have received your document for INTELLIGENT DELIVERY CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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: 008A00026345

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. INTELLIGENT DELIVERY CORP. (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 Floridas (If name unavailable in Florida, enter alternate corporated) (Fel number, if applicable) (State or country under the law of which it is incorporated) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office address) (Principal office address) (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: CORPORATE SOLUTIONS LCC Office Address: Solutions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 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 objections of my solving as registered agent.	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.
(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 and the purpose of transacting business in Florida, if prior to registration and the purpose of transacting business in Florida, if prior to registration and the purpose of transacting business in Florida, if prior to registration and the purpose of transacting business in Florida, if prior to registration and the purpose of transacting business in Florida, if prior to registration and the purpose of transacting business in Florida, if prior to registration and the place and the purpose of transacting business in Florida and the purpose of transacting business in Florida and the place and the purpose of transacting business in Florida and the place and the purpose of transacting business in Florida 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,	I INTELLIGENT DELIVERY CORP. 20 3 /
2. State or country under the law of which it is incorporated) 3. 20-3955829 4. May 2 2005 5. PERPETUAL (Dute of incorporation) 5. PERPETUAL (Dutation: Year corp. will cease to exist or "perpetual") 6. May 2 2005 6. May (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. SOD DELAWARE ANENUE, WILL MING TOW DE 1990 (Principal office address) (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: CORPORATE SOLUTIONS LC Office Address: SOBRICE SOLUTIONS LC Office Address: SOBRICE SOLUTIONS LC (City) 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,	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
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(Current mailing address) 8. ALL LEGAL PURPOSES (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: CORPORATE SOLUTIONS LCC Office Address: SZO BRICLETL LEY DR SHE (403) (City), Florida BRICLET (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,	
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3	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
(Ballet)	(Basistal Mainten)

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:	FILED
A. DIRECTORS	2008 HAY 23 PM 4: 36
Chairman: GUY NEVO	SECRETARY OF STATE
Address: 520 BRICKELL KEY DR	PATHAHASSEEFEDRIDA
MiAMI F1 33131	
Vice Chairman:	
Address:	·
Director: ESTEBAN BRENMAW	•
Address: 520 BRICKELL KEY DR	sle 3240
MiAM! F1 33131	
Director:	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address:	
Address:	
B. OFFICERS	
President: NATHAN BERMAN	-1 > >
Address: 520 BRICKELL KEY DR	_ ste 324c
MIAMI (-1 33/3)	
Vice President:	<u> </u>
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
	•
NOTE: If necessary, you may attach an addendum to the application listing addit	ional officers and/or directors.
13. City of Disease or Office listed in pumber 12 of the	amplication)
(Signature of Director or Officer listed in number 12 of the	PRESIDENT
(Typed or printed name and capacity of person signing ap	

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTELLIGENT DELIVERY CORP." 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 SEVENTEENTH DAY OF APRIL, A.D. 2008.

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AND SECTION OF CHAPTER SECTION O

Varuet Smith Hindron

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6530369

DATE: 04-17-08

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