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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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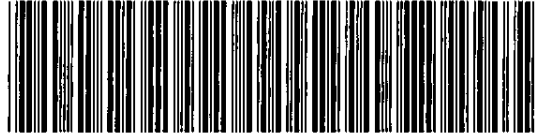
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
12/4

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: VALUE ADDED GROUP 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:

Peter Sobel
(Name of Person)
Value Added Group Inc.
(Firm/Company)
9129 Pumpkin Ridge
(Address)
Port St. Lucie, FL 34986
(City/State and Zip code)

For further information concerning this matter, please call:

Peter Sobel at (772) 468-2180
(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. VALUE ADDED GROUP 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 3. 20-1845718
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/12/2004 5. perpetual
(Date of incorporation) (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. 9129 Pumpkin Ridge, Port St. Lucie, FL 34986
(Principal office address)

SAME

(Current mailing address)

8. Sale of partitions and business furnishings
(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: Peter Sobel

Office Address: 9129 Pumpkin Ridge
Port St. Lucie, Florida 34986
(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.

Peter Sobel

(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: Peter Sobel

Address: 9129 Pumpkin Ridge
Port St. Lucie, FL 34986

Vice Chairman: Ilene Sobel

Address: 9129 Pumpkin Ridge
Port St. Lucie, FL 34986

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Peter Sobel

Address: 9129 Pumpkin Ridge
Port St. Lucie, FL 34986

Vice President: _____

Address: _____

Secretary: Ilene Sobel

Address: 9129 Pumpkin Ridge, Port St. Lucie, FL 34986

Treasurer: Ilene Sobel

Address: 9129 Pumpkin Ridge, Port St. Lucie, FL 34986

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

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

14. Peter Sobel
(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 VALUE ADDED GROUP INC. was filed on 08/12/2004, 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 17th day of November two
thousand and eight.*

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TALLAHASSEE, FLORIDA