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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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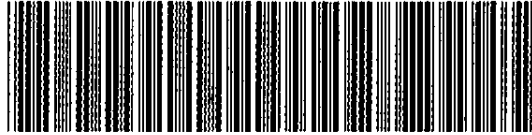
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 2/10/1

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ANGELITE INTERNATIONAL CORP.

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," or "Certificate of Good Standing" 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:

NELSON SLOSBERGAS, ESQ.

Name of Person

NELSON SLOSBERGAS P.A.

Firm/Company

1110 BRICKELL AVENUE - SUITE 310

Address

MIAMI, FL 33131

City/State and Zip code

teri@miami-intl-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUISA BINDER

Name of Person

at (305) 374 - 0030

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. ANGELITE INTERNATIONAL 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 Florida)

2. BRITISH VIRGIN ISLANDS

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

3. _____

(FEI number, if applicable)

4. JANUARY 4, 2010

(Date of incorporation)

5. PERPETUAL

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

6. PALM CHAMBERS, 197 MAIN ST - P.O.BOX 4493-ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS, VG

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

7. PALM CHAMBERS, 197 MAIN ST - P.O.BOX 4493-ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS, VG

(Principal office address)

ANGELITE INTERNATIONAL CORP.

(Current mailing address)

8. investment

(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: NS CORPORATE SERVICES INC.

Office Address: 1110 BRICKELL AVE. - STE. 310

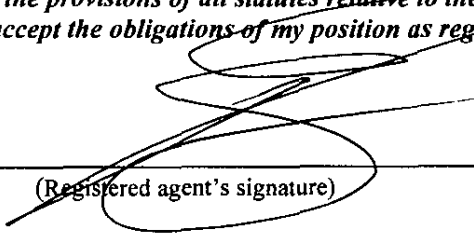
MIAMI, Florida 33131

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: WALTIER GALASSI

Address: 1110 BRICKELL AVE. - STE. 310, Miami, FI 33131

Director: MEIRI CONZ GALASSI

Address: 1110 BRICKELL AVE. - STE. 310, Miami, FI 33131

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: WALTIER GALASSI

Address: 1110 BRICKELL AVE. - STE. 310, Miami, FI 33131

Vice President: _____

Address: _____

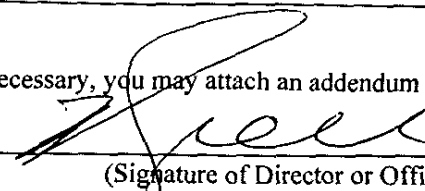
Secretary: MEIRI CONZ GALASSI

Address: 1110 BRICKELL AVE. - STE. 310, Miami, FI 33131

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

**TERRITORY OF THE BRITISH VIRGIN ISLANDS
BVI BUSINESS COMPANIES ACT, 2004**

**CERTIFICATE OF GOOD STANDING
(SECTION 235)**

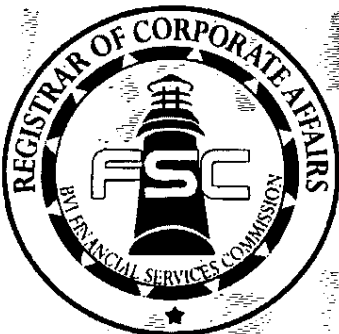
The REGISTRAR OF CORPORATE AFFAIRS, of the British Virgin Islands HEREBY CERTIFIES
that, pursuant to the BVI Business Companies Act, 2004,

Angelite International Corp.

BVI COMPANY NUMBER: 1562626

1. Is on the Register of Companies;
2. Has paid all fees, annual fees and penalties that are due and payable;
3. Has not filed articles of merger or consolidation that have not become effective;
4. Has not filed articles of arrangement that have not yet become effective;
5. Is not in voluntary liquidation; and
6. Proceedings to strike the name of the company off the Register of Companies have not been instituted.

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TALLAHASSEE, FLORIDA



REGISTRAR OF CORPORATE AFFAIRS
5th day of February, 2010