F10000001013

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
w10-6568					

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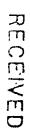
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COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: DELGOTI, II	VC.	
Name of corpor	ation - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	Standing" and check are sub-	et Business in Florida," mitted to register the
Please return all correspondence concerning this m	atter to the following:	
Debra Elderkin		
Nam	e of Person	
Delgoti, Inc.		
Firm/	Company	
102 NE 2nd Street # 361		
A	Address	
Boca Raton, FL 33432		
City/Sta	ate and Zip code	
d.elderkin@royaldelgoti.com		
E-mail address: (to be u	sed for future annual report n	otification)
For further information concerning this matter, plea	ase call:	
Debra Elderkin at (954) 415-2008	
	rea Code & Daytime Telepho	one Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, Fl	ction rporations
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 AND MENT OF STATE Division of Corporations OF CORPORATIONS TALLAHASSEE, FLORIDA

February 9, 2010

DEBRA ELDERKIN 102 NE 2ND STREET #361 BOCA RATON, FL 33432

SUBJECT: DELGOTI, INC. Ref. Number: W1000006568

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

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 710A00003362

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Iλ	N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO.		
Ri	EGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	MAR	丁
1.	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	-l PM 4: 42	LED
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)		
	Delaware 3. 27-1322045		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4.	November 16, 2009 5, perpetual		
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")		
6.	MARCH 1, 2010		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7	102 NE 2ND ST. #361, BOCA-RATION, FL 334. (Principal office address) 102 NE 2ND ST. #361, BOCA RATION, FL 3343.	32	2_
	(Principal office address)	_	
	102 NE 2ND ST. #361, BOCA RATION, FL 3343	2	
	(Current mailing address)		
8.	RETAIL MERCHANDISE SALES		
	(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: DEBRA ELDERKIN ffice Address: 102 NE 2ND. St. #36/		
Of	ffice Address: 102 NE 2ND. St. #36/		
	BICARATON, Florida 33432		
	(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.

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

A. DIREC		
Chairman:	DEBRA ELDERKIN	
Address: _	2005 SE 14# ST,	
	POMPANO BEACH, FL 33062	<u> </u>
	nan:	<u> </u>
Address: _		4: 42
Director: _		
Address: _		
Director: _		
Address: _		
B. OFFIC	CERS DEBRA ELDERKIN	
Address: _	POMPANO BEACH, FL 33002	
Vice Preside	ent:	
Address: _		
Secretary: _		
Address: _		
Treasurer:		
Address: _		
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
13	(Signature of Director or Officer listed in number 12 of the application)	
14	DEBRA ELDERKIN, PRESIDENT	
	(Typed or printed name and capacity of person signing application)	· · · · · · · · · · · · · · · · · · ·

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DELGOTI, 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 TWENTY-EIGHTH DAY OF JANUARY, A.D.

2010.

FILED

2010 MAR -1 PM 4: 4

4754214 8300

100084739

AUTHENTY CATION: 7786291

DATE: 01-28-10

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