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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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MAY 18 2010 D. A. WHITE

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: VIANY, 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," 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:			
Michael Zurvitz			
Name of Person Inc			
Firm/Company			
97-47 36 th ST. Suite 1000			
Long Island City N.V. 11101 City/State and Zip code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (917) 682 6828 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clother 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 \$\frac{1}{2}\$\$ \$78.75 Filing Fee & Certificate of Status \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certified Copy			



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2010

MICHAEL ZURVITZ VIANY, INC 47 - 47 36TH ST, SUITE 1000 LONG ISLAND CITY, NY 11101

SUBJECT: VIANY, INC

Ref. Number: W10000023464

We have received your document for VIANY, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Regulatory Specialist II

Letter Number: 710A00012129

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 2010 HAY 17
Tar.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc.," "Co.," or "Corp.")
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)
1 1 1 1 00010
2. De la Wave 3. 46-1678860 (State or country under the law of which it is incorporated) (FEI number, if applicable)
1-4-2008
4
11000 0 10 10
6. (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S. to determine penalty liability)
7. 529 NE 18th ST Boca Raton F1 33432
(Principal office address)
47.44 36+K ST Long Island City NV 1110
(Current mailing address)
Marketiny Gales
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
$\frac{1}{2}$, $\frac{1}{4}$
Name: Michael Zuruite
Office Address: 529 NE 1845T
Raca Raton Fl Florida 33432
(City) (Zip code)
0. Perintered agentic appartment
0. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place
lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I
urther 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.
Carried Contraction of the Contr
(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: Hakan Ozcilingir	
Address: 130 Ramapo Auc	FILED
STATEN ISland NY 10	30 9 2010 HAY 12 DIS
Vice Chairman:	3500000 1 P 12: 25
Address:	MALLAHASSEE, FLORIDA
Director	
Address:	- 107 - 107 10 4 10 4 10 4 10 4 10 4 10 4 10 4
Audiess.	
D'	
Director:	
Address:	
President: Michael Zyrvitz Address: 529 NE 18th Street Boca Raton F1 33 43	2
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an adderdum to the application listing additional additional actions are additional additional additional additional actions and additional a	tional officers and/or directors.
13.	
(Signature of Director or Officer listed in number 12 of the	application)
14. Michael Lurvitz (Typed or printed name and capacity of person signing appropriate to the company of the capacity of person signing appropriate to the capacity of person signing appropriate to the capacity of person signing appropriate to the capacity of the capacit	oplication)
(1) her or himner man enhants or hersen signing of	. *

Delaware PAGE | LED

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2010 HAY 17 P 12: 26

HELLE TARY OF STATE

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HERESY CERTIFY "VIANY, 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 FOURTEENTH DAY OF MAY, A.D. 2010.

AND I DO HERRBY FURTHER CERTIFY TRAT THE SAID "VIANY, INC." WAS INCORPORATED ON THE FOURTH DAY OF JANUARY, A.D. 2008.

AND I DO HERBBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HERBBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4484397 8300

100513384

fy this certificate onleans.gov/authver.shtml

TION: 7995095

DATE: 05-14-10