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(Address)

(Address)

(City/State/Zip/Phone #)

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2010 OCT 28 AM 11:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 02 2010

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** NUMERX HOLDINGS CORPORATION

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:

Name of Person

KREATIVE CONSULTING SERVICES, LLC

Firm/Company

6982 SW 164 COURT

Address

MIAMI, FLORIDA 33193

City/State and Zip code

KALI@KREATIVECS.COM

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

For further information concerning this matter, please call:

KALIZMA AMORIN

Name of Person

at ( 786 ) 735-0307

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

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**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. NUMERX HOLDINGS CORPORATION**

(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. STATE OF DELAWARE**

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

**3. 27-3633361**

(FEI number, if applicable)

**4. 10/15/2010**

(Date of incorporation)

**5. Perpetual**

(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. 75 VALENCIA AVENUE, 5th FLOOR, CORAL GABLES, FL 33134**

(Principal office address)

**75 VALENCIA AVENUE, 5th FLOOR, CORAL GABLES, FL 33134**

(Current mailing address)

**8. ANY AND 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: **KREATIVE CONSULTING SERVICES, LLC**

Office Address: **6982 SW 164 COURT**

**MIAMI**

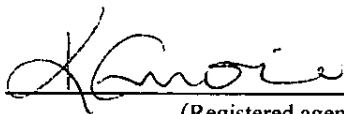
(City)

, Florida **33193**

(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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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: JOHN BOWEN

Address: 75 VALENCIA AVENUE, 5th FLOOR, CORAL GABLES, FL 33134

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: GUSTAVO LEON

Address: 75 VALENCIA AVENUE, 5th FLOOR, CORAL GABLES, FL 33134

Director: NELSON VALLADARES

Address: 75 VALENCIA AVENUE, 5th FLOOR, CORAL GABLES, FL 33134

**B. OFFICERS**

President: JOHN BOWEN

Address: 75 VALENCIA AVENUE, 5th FLOOR, CORAL GABLES, FL 33134

Vice President: GUSTAVO LEON

Address: 75 VALENCIA AVENUE, 5th FLOOR, CORAL GABLES, FL 33134

Secretary: GUSTAVO LEON

Address: 75 VALENCIA AVENUE, 5th FLOOR, CORAL GABLES, FL 33134

Treasurer: JOHN BOWEN

Address: 75 VALENCIA AVENUE, 5th FLOOR, CORAL GABLES, FL 33134

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

13. GUSTAVO LEON

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. GUSTAVO LEON

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

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2010 OCT 28 AM 11:31  
TALLAHASSEE, FL 32301

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "NUMERX HOLDINGS CORPORATION", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2010, AT 4:36 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

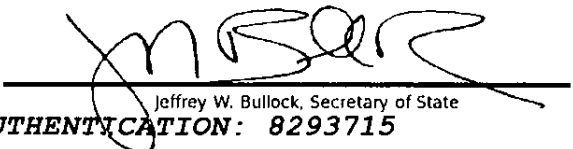
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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 8293715

DATE: 10-15-10