# Fuodoodatjj

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

Office Use Only



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01/11/11--01017--003 \*\*78.75

SECRETARY OF STATE

2011 JAN 11 AM 11: 1

**TENNOLS** (144 7 5 5011

Toll-Free: 888-692-6778 | Fax: 818-879-8005 Email: customerservice@mycorporation.com

#### ROUTINE SERVICE FILING REQUEST

December 13, 2010

Division of Corporations Florida Department of State Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Foreign Authority Filing -- NITCO INC

Ladies and Gentlemen:

Please find enclosed for filing an application for certificate of authority, and any required supplemental documentation, for the above referenced entity.

Also enclosed is a check for filing fees.

Please return the filed documents to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation 23586 Calabasas Rd. Suite 102 Calabasas, CA 91302

**ATTN: Post Formation Filings** 

### **COVER LETTER**

TO: New Filing Section Division of Corporations							
SUBJECT: NITCO INC							
(Name of corporation - must include suffix)							
Dear Sir or Madam:							
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," and check are submitted to regist transact business in Florida.							
Please return all correspondence concerning this matter to the	ne following:						
Fulfillment Department							
(Name of Pers	on)						
My Corporation Business Services, Inc.							
(Firm/Compar	ny)						
23586 Calabasas Rd., Suite 102							
(Address)							
Calabasas, CA 91302	2011						
(City/State and 2	JAN II ANI AHASSEE, FL						
For further information concerning this matter, please call:							
Meghan Record at ( 877 )	692-6772 SS C						
	& Daytime Telephone Number)						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
New Filing Section Division of Corporations	New Filing Section Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314						
Enclosed is a check for the following amount:							
	3.75 Filing Fee & S87.50 Filing Fee,						
Certificate of Status Ce	crtified Copy 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.

(If name unavail	sociates Inc able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting busir	ness in Florida)	
Ohio	under the law of which it is incorporated) 3	(FEI number, if applicable)		
			)	
10/03/200		Perpetual	"	
•	• •	(Duration: Year corp. will cease to exist of	or "perpetuai")	
. <u>Upon Filir</u>		Planta (Control of Control of Con	·	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150			
5725 Heat	hstead Dr Apt #B Dublin, OH	43016		
•	(Principal office addre			
5725 Heat	hstead Dr Apt #B Dublin, OH	43016		
	(Current mailing addre		<u></u> -	
Software	Development & Consulting Fir	m	₹ <sub>∞</sub> ≈	
	Development & Consulting Fir		<del></del>	
	e) of corporation authorized in home state or cou		LE LA	
(Purpose(		ntry to be carried out in state of Florida)	EGRETA LLAHAS	
(Purpose(	e) of corporation authorized in home state or cou	ntry to be carried out in state of Florida)	2011 JAN 11 SECRETARY I ALLAHASSEE	
(Purpose(:  . Name and <u>street</u> . Name:	et address of Florida registered agent: (P.O.	ntry to be carried out in state of Florida)	عسر ليب	
(Purpose(: . Name and street . Name:	of corporation authorized in home state or count address of Florida registered agent: (P.O.  Vinupa Madaram  19327 Autumn Woods Ave	ntry to be carried out in state of Florida)  Box NOT acceptable)	ANII: I	;
(Purpose(: . Name and <u>street</u> . Name:	et address of Florida registered agent: (P.O.  Vinupa Madaram	ntry to be carried out in state of Florida)	عسر ليب	;
(Purpose(: ). Name and <u>street</u> Name:  Office Address:	of corporation authorized in home state or count address of Florida registered agent: (P.O. Vinupa Madaram  19327 Autumn Woods Ave  Tampa  (City)	ntry to be carried out in state of Florida)  Box NOT acceptable)	ANII: I	i
(Purpose(: . Name and street  Name: Office Address:	of corporation authorized in home state or count address of Florida registered agent: (P.O. Vinupa Madaram  19327 Autumn Woods Ave  Tampa  (City)	ntry to be carried out in state of Florida)  Box NOT acceptable)  , Florida 33647 (Zip code)	AN II: 18 E. FLORIDA	
(Purpose(: Name and street Name: office Address:  O. Registered a	of corporation authorized in home state or count address of Florida registered agent: (P.O. Vinupa Madaram  19327 Autumn Woods Ave  Tampa  (City)  gent's acceptance:  led as registered agent and to accept services	ntry to be carried out in state of Florida)  Box NOT acceptable)  , Florida 33647 (Zip code)  e of process for the above stated corpo	FLORIDA IS	lace
(Purpose(: ). Name and stree  Name:  Office Address:  O. Registered a Having been name designated in this	of corporation authorized in home state or count address of Florida registered agent: (P.O. Vinupa Madaram  19327 Autumn Woods Ave  Tampa  (City)	ntry to be carried out in state of Florida)  Box NOT acceptable)  , Florida 33647 (Zip code)  e of process for the above stated corporate as registered agent and agree to accept the state of the state	oration at the p	lace
(Purpose(: . Name and street . Name: .	t address of Florida registered agent: (P.O.  Vinupa Madaram  19327 Autumn Woods Ave  Tampa  (City)  gent's acceptance:  led as registered agent and to accept service application, I hereby accept the appointments	ntry to be carried out in state of Florida)  Box NOT acceptable) , Florida 33647  (Zip code)  e of process for the above stated corpoent as registered agent and agree to accept to the proper and complete performance.	oration at the p	lace
(Purpose):  Name and stree  Name:  Office Address:  O. Registered a daving been nan designated in this further agree to designate and designated in the surther agree to designate agree	et address of Florida registered agent: (P.O.  Vinupa Madaram  19327 Autumn Woods Ave  Tampa  (City)  gent's acceptance: application, I hereby accept the appointment of the provisions of all statutes released as registered agent and to accept services application, I hereby accept the appointment of the provisions of all statutes released as registered agent and to accept services application, I hereby accept the appointment of the provisions of all statutes released.	ntry to be carried out in state of Florida)  Box NOT acceptable) , Florida 33647  (Zip code)  e of process for the above stated corpoent as registered agent and agree to accept to the proper and complete performance.	oration at the p	lace
(Purpose(: ). Name and stree  Name:  Office Address:  O. Registered a Having been nan designated in this burther agree to comment to the street of the street agree to comment the street agree the street agree the street agreet	et address of Florida registered agent: (P.O.  Vinupa Madaram  19327 Autumn Woods Ave  Tampa  (City)  gent's acceptance: application, I hereby accept the appointment of the provisions of all statutes released as registered agent and to accept services application, I hereby accept the appointment of the provisions of all statutes released as registered agent and to accept services application, I hereby accept the appointment of the provisions of all statutes released.	ntry to be carried out in state of Florida)  Box NOT acceptable) , Florida 33647  (Zip code)  e of process for the above stated corpoent as registered agent and agree to accept to the proper and complete performance.	oration at the p	ity.

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. Nam	nes and business addresses of officers and/or directors:		
A. DIRI	ECTORS		
Chairman	:		
Address:			
Vice Chai	irman:	<del> </del>	
Address:			
Director:	Vinupa Madaram		
	19327 Autumn Woods Ave		
	Tampa, FL 33647		
Director:		·	
Address:		<u>-</u>	<del></del>
	ICERS Vinupa Madaram 19327 Autumn Woods Ave	2011 TALL,	
	Tampa, FL 33647	HAS	
Vice Pres	sident:	RY SEE	
Address:		FLORRIE I	
Secretary	Vinupa Madaram		
Address:	10227 Autumn Mondo Avo Tomno El 22647		
Treasurer	Vinupa Madaram		
Address:	10207 Autumn Woods Ave Tomas El 22647		
<b>NOTE:</b> 13	If necessary, you may attach an addendum to the application listing additional officers an (Signature of Director or Officer listed in number 12 of the application)	nd/or directors.	
14 Vir	nupa Madaram, President		

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

## **United States of America** State of Ohio Office of the Secretary of State

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NITCO INC, an Ohio corporation, Charter No. 1810315, having its principal location in Dublin, County of Franklin, was incorporated on October 03, 2008 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 6th day of January, A.D. 2011

**Ohio Secretary of State** 

Validation Number: V20116JF78D0