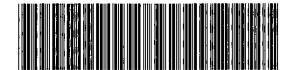
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(D-	aiii atada Nasai)	
(ке	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	≠ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
Special instructions to	rining Officer.	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

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TO: New Filing Section
Division of Corporations
VALUE ADD CONSULTING INC
SUBJECT:
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
DIVYA GOYAL
Firm/Company
VALUE APO CONSULTING INC.
Address
5590NW 61 of STREET #818 COCONUT CREEK, F1 33073
City/State and Zip code
COCONUT CREEK F. L 33073 Agoyal/063@ Yahov- COM
E-mail address: (to be used for future annual report notification)
Day footh on the form of the growth of this makes whose sells
For further information concerning this matter, please call:
TAMMY SCHMOT (CPA) at (.56) 368-0282 ent 262
at ()
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
New Filing Section New Filing Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314
Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & \$78.75 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & Certified Copy

APPLICA	ATION BY FOREIGN CORPORAT	TION FOR AUTHORIZATION TO FRANKE	CT
	BUSINESS	IN FLORIDA	-T1
REGISTER A FO		STATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDATION TO STATE OF THE STATE OF FLORIDATION TO STATE OF THE	TLED
(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,".	•
(If name unavail NEW York 2.	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida, 20-576, 8295)
	under the law of which it is incorporated)	(FEI number, if applicable) PERPETUAL	_
N/A (Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	_
5590 NW 7	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability) TOLETA FL 33573 Iress)	va.
• • • • • • •			_
	(Current mailing add	iress)	
CONSULT	TUG		
(Purpose(s) of corporation authorized in home state or co	ountry to be carried out in state of Florida)	-
Name and streeName:	t address of Florida registered agent: (P.C TAMMY SCH MIDT (BRANS	D. Box <u>NOT</u> acceptable) TETTER TAXIACCOUNTUG SERVICC 	Ti Inc)
Office Address:	400 S. DIXIE HIGHWAY S	WITE # 423	
	BOCA RATEN FL	, Florida	
	(City)	(Zip code)	
Having been nam designated in this further agree to co	application, I hereby accept the appointm	ice of process for the above stated corporation at the ment as registered agent and agree to act in this capa elative to the proper and complete performance of m sition as registered agent.	city. I
_	TAMMY SCHMIDT (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. DIR	RECTORS
Chairma	n:
Address	
Vice Ch	airman:
Address	ARE L
	SARY = T
Director	
	, ORIG
	5 th 3 6
Director	
Address:	
B. OFF President Address:	5590 NW 61M CTREPT # 818
Vice Pres	sident:
	u
Secretary	r:
Address:	
Treasure	r:
Address:	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
	Signature of Director or Officer
are true a	cer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes a gree felony as provided for in s.817.155, F.S.

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State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of VALUE ADD CONSULTING, INC. was filed on 10/26/2006, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



SECRETARY OF STATE TALL AHASSEE FLOOR

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 28th day of June two thousand and eleven.

First Deputy Secretary of State