F11000004970

(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:				
·				
1/0 Ccm				
£				
Office Use Only				



400214567084

11/30/11--01008--009 **78.75

WIL both 25



T. Burch DEB 1:3 2015

COVER LETTER

	New Filing Sect Division of Corp	oorations		
SUBJE	ECT: VITT	ORIA CONSULT	ING, INC.	
Name of corporation - must include suffix				
Dear Si	r or Madam:			
"Certifi	cate of Existence		for Authorization to Transact Standing" and check are subm siness in Florida.	
	return all correspo	ondence concerning this ma	atter to the following:	
Vi	Troria	Name CNSULTING,	e of Person /NC.	
		AKE DEBRA #	Company	
01	RLANDO,	FL 32835 A	ddress	
بسرز	olayal@vi	City/Sta Horia consu Hii	ite and Zip code 19. Com	
		E-mail address: (to be us	sed for future annual report no	otification)
For furt	her information c	oncerning this matter, plea	se call:	
JAI	SON MOL	LAYAL at (8	16,674-8175	/
	Name of Person	Aı	rea Code & Daytime Telephor	ne 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		
Enclose	d is a check for th	ne following amount:		
☐ ^{\$70}	0.00 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 TALLAHASSEE, FLORIDA Division of Corporations

December 1, 2011

JAISON MOLAYAL 2562 LAKE DEBRA #103 ORLANDO, FL 32835

SUBJECT: VITTORIA CONSULTING, INC.

Ref. Number: W11000060425

We have received your document for VITTORIA CONSULTING, 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):

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: 611A00026968

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

'N COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	2011 (
1. VITTORIA CONSULTING, INC.				
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	FY OF STAT			
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida	# £			
2. TowA (State or country under the law of which it is incorporated) 3. 27-2935558 (FEI number, if applicable)				
1. <u>6-24-2010</u> (Date of incorporation) 5. <u>PERPETUAL</u> (Duration: Year corp. will cease to exist or "perpetual"				
	')			
. 11-21-2011				
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)				
2562 LAKE DEBRA # 103, OALANDO, FL 32835				
(Principal office address) 2562 LAKE DEBRA #103, ORLANDO, FL 32835 (Current mailing address)	_			
2562 LAKE DEBRA # 103, ORLANDO, FL 32835				
(Current mailing address) CONSULTING-OUT OF STATE (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: Jaison M Molayal				
Office Address: 2562 Like Debla Dr \$103				
Ollando, Florida 32835 (City), Florida (Zip code)				
(City) (Zip code)				
0. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the lesignated in this application, I hereby accept the appointment as registered agent and agree to act in this cap further agree to comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligations of my position as registered agent. Ainu Molays	oacity. I			
(Registered agent's signature)				
1. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this appliance Department of State, by the Secretary of State or other official having custody of corporate records in the juri				

under the law of which it is incorporated.

A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	*
Address:	
	SAY 7. T
Director:	7.5.7. 2 0
Address:	
Director:	
Address:	
DALANA E1 32025	
Vice President:	
Address:	
Secretary:	
Address:	
Treasurer:	
NOTE of necessary, you may attach an addendum to the application 1. 13	isting additional officers and/or directors.
Signature of Director or Off The officer or director signing this document (and who is listed in numl are true and that he or she is aware that false information submitted in a third degree felony as provided for in s.817.155, F.S.	ber 12 above) affirms that the facts stated herein

14.

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

IOWA SECRETARY OF STATE MATT SCHULTZ



Date: 11/22/2011

2011 DEC 12 PM 4: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

Name: VITTORIA CONSULTING, INC. (490 DP - 400573)

Date of Incorporation: 6/24/2010

Duration: PERPETUAL

I, Matt Schultz, Secretary of State of the State of lowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS60639

To validate certificates visit:

www.sos.state.ia.us/ValidateCertificate

Matt Schultz
Iowa Secretary of State