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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

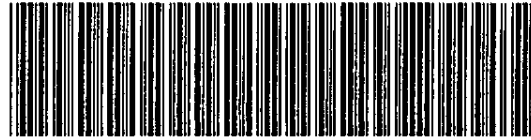
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/07/11--01024--028 \*\*70.00

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TALLAHASSEE, FLORIDA

W11-58960

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 JAN -9 AM 11:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 8, 2011

GERALD PITTS  
2710 THOMAS AVE  
CHEYENNE, WY 82001

SUBJECT: DELUXE MANAGEMENT INC.  
Ref. Number: W11000056960

We have received your document for DELUXE MANAGEMENT INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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".

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

Please return the corrected original and one copy of 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) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 611A00025408

## COVER LETTER

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

**SUBJECT:** Deluxe Management 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:

Gerald Pitts  
Name of Person  
Deluxe Management Inc.  
Firm/Company  
2710 Thomas Ave  
Address  
Cheyenne, WY 82001  
City/State and Zip code  
lorraine-nazarid@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorraine Nazario at (407) 803-6442  
Name of Person 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

**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. Deluxe Management Inc.  
(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. Wyoming 3. 32-3853905  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/27/2008 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 9/01/2011  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2710 Thomas Ave, Cheyenne, WY, 82001  
(Principal office address)

2307 Boggy Creek Road #155, Kissimmee, FL, 34744  
(Current mailing address)

8. The entity's nature of business is management of properties such as houses,  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  
condos, townhouses, businesses, etc.

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

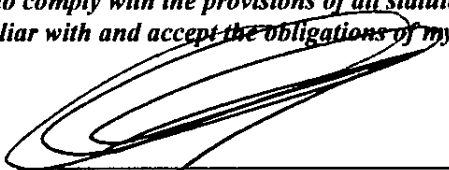
Name: Lorraine Norzani

Office Address: 2307 Boggy Creek Road #155  
Kissimmee, Florida 34744  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**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.

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

**A. DIRECTORS**

Chairman: Lorraine Nazario  
Address: 2307 Boggy Creek Road #155, Kissimmee, FL, 34744

Vice Chairman: Lorraine Nazario  
Address: 2307 Boggy Creek Road #155, Kissimmee, FL, 34744

Director: Lorraine Nazario  
Address: " "

Director: Lorraine Nazario  
Address: " "

**B. OFFICERS**

President: Lorraine Nazario  
Address: " "

Vice President: Lorraine Nazario  
Address: " "

Secretary: Lorraine Nazario  
Address: " "

Treasurer: Lorraine Nazario  
Address: " "

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

13.   
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. Lorraine Nazario Owner  
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**Deluxe Management Inc.**

is a


**Profit Corporation**

formed or qualified under the laws of Wyoming did on **August 27, 2008**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2008-000559559**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 2nd day of September, 2011 at 9:42 AM. This certificate is assigned 010672016.



  
Secretary of State

**FILED**  
**12 JAN -9 PM 3:07**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <http://wyobiz.wy.gov> and following the instructions displayed under Validate Certificate.