

F/200000722

(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:

Hernando Barreto

AUTHORIZATION BY PHONE TO

CORRECT # 3

DATE

DOC. EXAM. PS 2/16/12

Office Use Only



300214361313

11/18/11--01016--021 **78.75

12 FEB 15 AM 11:21

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

WHL-58837
PS 2/16/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
12 FEB 13 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 6, 2011

HERNANDO BARRETO 2ND MAILING
11930 N BAYSHORE DR, SUITE 1106
MIAMI, FL 33181

SUBJECT: PULSOSOCIAL, INC.
Ref. Number: W11000058839

We have received your document for PULSOSOCIAL, 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):

A photocopy of a certified copy is not acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 811A00026291

*Note: As we spoke by phone, please see attached
a certificate of good standing.
Thanks*



RECEIVED

11 DEC -5 PM 1:04

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 21, 2011

HERNANDO BARRETO
11930 N BAYSHORE DR
MIAMI, FL 33181

SUBJECT: PULSOSOCIAL, INC.
Ref. Number: W11000058839

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Pamela Smith
Regulatory Specialist II

Letter Number: 811A00026291

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Pulsosocial, 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:

Hernando Barreto

Name of Person

Pulsosoocial, Inc.

Firm/Company

11930 N. Bayshore Drive

Address

Miami, Florida 33181

City/State and Zip code

hernandobarreto@gmail.com

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

For further information concerning this matter, please call:

Hernando Barreto

Name of Person

at (954) 270-4991

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. Pulsosocial, 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. Delaware 3. 45-3552222
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Septmeber 1, 2011 5. Perpetual
(Date of incorporation) (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. 11930 N. Bayshore Dr., Miami, FL 33181
(Principal office address)

(Current mailing address)

8. Any legal business activity
(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: Hernando Barreto

Office Address: 11930 N. Bayshore Dr., Suite 1106

Miami, Florida 33181
(City) (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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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 15 AM 11:21

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Hernando Barreto

Address: 11930 N. Bayshore Dr., Suite 1106

Miami, FL 33181

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

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. Hernando Barreto - President

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 15 AM 11:21

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PULSOSOCIAL INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2012.

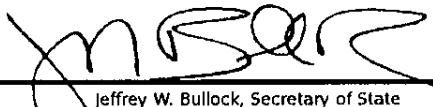
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 15 AM 11:21

5006234 8300

120068879



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9333835

DATE: 01-31-12