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(Do	cument Number)				
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Special Instructions to F	Filing Officer:				
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ECRETARY OF STAT
ALLAHASSEE, FLORE



#### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: Itopia 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:
Roberto Neuberger
Name of Person
Active Filings LLC
Firm/Company
3109 Stirling Rd. Suite 202
Address
Fort Lauderdale, FL 33312
City/State and Zip code
operations@activefilings.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roberto Neuberger at ( 800 ) 609-2521
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton 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 & S78.75 Filing Fee & Certificate of Status Certified Copy \$87.50 Filing Fee, Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

				TATUTES, THE FOLLOWING IS SUBP BUSINESS IN THE STATE OF FLORIL		, <b>1</b> 2
. Hamia I					# <u>"</u>	₩ ,
	ame of co	rporation; must include "INCORPORATI rp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	28 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	SILED
(If name	unavaila	ble in Florida, enter alternate corporate na	me	adopted for the purpose of transacting busi	ness in Flori	da)n
2. Delawa	are		3	45-4711404		
		nder the law of which it is incorporated)		(FEI number, if applicable	)	
4. 03/02/	/2012		5.	perpetual		
	(Date	of incorporation)		(Duration: Year corp. will cease to exist	or "perpetual	1")
6						
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
<sub>7.</sub> 200 S	outhe	ast 1st Street, Suite 601, M				
		(Principal office	add	ress)		
200 S	outhe	ast 1st Street, Suite 601,				
		(Current mailing	add	ress)		
。 Cloud se	ervices, c	omputing model providing web based s	oftv	vare, middleware and computing resource	es on demar	nd.
				ountry to be carried out in state of Florida)		<del></del>
9. Name a	nd street	address of Florida registered agent: (	P.C	D. Box NOT acceptable)		
N	ame:	Corporation Service Comp	<u>a</u>	<u>ny</u>		
Office Add	dress:	1201 Hays Street				
		Tallahassee		, Florida 32301		
		(City)		(Zip code)		
Having bed designated further agi	en name l in this c ree to co	application, I hereby accept the appoi	intn es r	ce of process for the above stated corponent as registered agent and agree to a elative to the proper and complete perfusition as registered agent.	ct in this ca	ipacity. I
		see attachment				
		(Registered agent's signatu	ıre)			

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.

### Consent of Appointment by the Registered Agent

We, Corporation Service Company an authorized company to transact business in the state of Florida hereby give our consent to serve as the registered agents for

#### Itopia Inc.

Having been named as registered agents and to accept service of process for the above stated corporation at 1201 Hays Street, Tallahassee, FL 32301, county of Leon, We hereby accept the appointment as registered agents and agree to act in this capacity.

We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and are familiar with and accept the obligations of our position as registered agents.

Dated Jun 06, 2012

--- DocuSigned by:

Asst. V

Corporation Service Company Registered Agents FILED
12 JUN 21 PH 4: 45
SECRETARY OF THE FILES

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

A. DIRECTORS
Chairman: Jonathan Lieberman
Address: 555 NE 58th Street, Miami, FL 33137
Vice Chairman: Jonathan Lieberman
Address: 555 NE 58th Street, Miami, FL 33137
हुन <b>र्फ</b>
Director: Jonathan Lieberman
Address: 555 NE 58th Street, Miami, FL 33137
Address.
Director:
Address:
Address.
B. OFFICERS
President: Jonathan Lieberman
Address: 555 NE 58th Street, Miami, FL 33137
Address: Goo 112 Golf, Glassi, Marin, 12 Golf.
Vice President: Jonathan Lieberman
Address: 555 NE 58th Street, Miami, FL 33137
Address.
Secretary: Jonathan Lieberman
Address: 555 NE 58th Street, Miami, FL 33137
Treasurer: Jonathan Lieberman
Address: 555 NE 58th Street, Miami, FL 33137
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Jonathan Licherman
Signature of Director of 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. Jonathan Lieberman, President

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

## Delaware

PAGE :

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ITOPIA, 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 SIXTH DAY OF JUNE, A.D. 2012.

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SECRETARY OF STATE
TALLAHASSEE PRAIS

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THE STATE OF THE S

AUTHENT CATION: 9623953

DATE: 06-06-12

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