(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:			

Office Use Only



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04/12/13--01027--005 **87.50

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13 APR 12 PM 4: 13

SECRETARY OF STATE

SECRETARY OF STATE

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COVER LETTER

TO:	New Filing Sec Division of Co			
SUBJ	ЕСТ:	. >	Cellente, Inc	
		Name of corpo	ration - must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existen		n for Authorization to Transa d Standing" and check are sub ousiness in Florida.	
Please	return all corres	pondence concerning this i	natter to the following:	
		Rob	ert Torres	
		· · · · · · · · · · · · · · · · · · · 	ne of Person	
		Xelle	ente, Inc	
			/Company	
		389 \$	Sand Ridge Dr.	
			Address	
		Dave	nport, FL 33896	
			tate and Zip code	
		admin	@xellente.com	
		E-mail address: (to be	used for future annual report	notification)
For fu	ther information	concerning this matter, ple	ease call:	
	Robert Torres	at (4	07) 982-4099	
	Name of Perso	· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Teleph	one Number
	STREET/COURIER ADDRESS: MAILING ADDRESS:			
	New Filing Section Division of Corporations New Filing Section Division of Corporations			
	Clifton Building P.O. Box 6327			
	2661 Executive	Center Circle	Tallahassee, F	L 32314
	Tallahassee, FI	. 32301		
Enclos	ed is a check for	the 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 &

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

Xelle	nte, Inc		,	到四
(Enter name of corp		PORATED," "CO	MPANY," "CORPORATION,"	APR 12 PM 4: 13
Xelle	nte Management, Inc			第至 3
(If name unavailable	e in Florida, enter alternate corp	orate name adopt	ed for the purpose of transacting busines	ss in Florda)
NV	,	3.	46-2137218	
State or country und	ler the law of which it is incorpo	orated)	(FEI number, if applicable)	
			Perpetual	
(Date of	incorporation)	(Du	ation: Year corp. will cease to exist or	"perpetual")
			da, if prior to registration) .S., to determine penalty liability)	
	389 Sand Ri	dge Dr. Daven _l	oort, FL 33896	
	(Principa	l office address)	2 1 10 10 10 10 10 10 10 10 10 10 10 10 1	
	1923 Bragg	St. Sanford, N	27330	
		nailing address)		
		sulting		·
(Purpose(s) of	corporation authorized in home	state or country	to be carried out in state of Florida)	
Name and street a	ddress of Florida registered a	igent: (P.O. Bo	NOT acceptable)	
Name:	Robert Torres			
fice Address:	389 Sand Ridge Dr.			
_	<u>-</u>			
_	<u>Davenport</u> (City)		, Florida <u>33896</u>	
	(City)		(Zip code)	
Registered agen				
ving been named ionated in this an	as registered agent and to a nlication. I hereby accept th	ccept service of	process for the above stated corpor is registered agent and agree to act	ation at the pla
ther agree to com	ply with the provisions of all iliar with and accept the obl	l statutes relativ	e to the proper and complete perfo	rmance of my
		<i>\(\)</i>		
	\ \J_0	7 Tre	1	
	ملاده ہے۔	~		

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

	DIDI	7/7/1	α	C
Α.	DIRE	5 L. I	UK	3

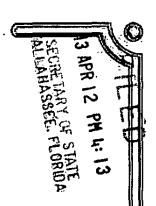
Chairman:	Robert Torres	\$ \(\tilde{\pi} \)
Address: _	389 Sand Ridge Dr. Davenport, FL 33896	PR T
		器下厂
Vice Chairr	man: Robert Torres	100 P
	389 Sand Ridge Dr. Davenport, FL 33896	
		Or'
Director: _	Robert Torres	
Address: _	389 Sand Ridge Dr. Davenport, FL 33896	
Director: _	Robert Torres	
Address: _	389 Sand Ridge Dr. Davenport, FL 33896	
B. OFFIC	CERS	
President:	Robert Torres	
Address: _		
Vice Presid	Bent: Robert Torres	
Address: _	389 Sand Ridge Dr. Davenport, FL 33896	
- Secretary:	Robert Torres	
Address: _	389 Sand Ridge Dr. Davenport, FL 33896	
Treasurer:	Robert Torres	······································
Address: _	389 Sand Ridge Dr. Davenport, FL 33896	
NOTE: I	f necessary, you may attach an addendum to the application listing additional states of the second states of the s	onal officers and/or directors.
The office	Signature of Director or Officer or or director signing this document (and who is listed in number 12 above and that he or she is aware that false information submitted in a document to gree felony as provided for in s.817.155, F.S.	
14	Robert Torres - President	

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

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SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **XELLENTE**, **INC**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 14, 2013, and is in good standing in this state.

SEVADO P

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 19, 2013.

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20130219-1792
You may verify this electronic certificate
online at http://www.nvsos.gov/