

F13000003512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

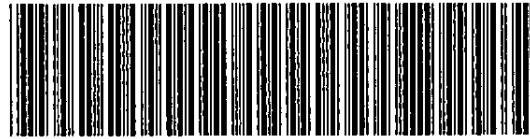
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/05/13--01018--014 **70.00

W13-39063

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PYGMALEON CORPORATION

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:

WILLIAM CASTANO

Name of Person

PYGMALEON CORPORATION

Firm/Company

4400 HILLCREST DRIVE, UNIT 603

Address

HOLLYWOOD, FL 33021

City/State and Zip code

william@concept-ebiz.com ✓

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

For further information concerning this matter, please call:

WILLIAM CASTANO at (305) 599-9226

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

July 10, 2013

WILLIAM CASTANO

4400 HILLCREST DRIVE UNIT 603

HOLLYWOOD, FL 33021

SUBJECT: PYGMALEON CORPORATION

Ref. Number: W13000039063

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

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6052.

Tim Burch

Regulatory Specialist II

Letter Number: 713A00016914

www.sunbiz.org

Division of Corporations P.O. BOX 6327 -Tallahassee, Florida

2314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2013

WILLIAM CASTANO
4400 HILLCREST DRIVE UNIT 603
HOLLYWOOD, FL 33021

SUBJECT: PYGMALEON CORPORATION
Ref. Number: W13000039063

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Tim Burch
Regulatory Specialist II

Letter Number: 713A00016914

**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. **PYGMALEON CORPORATION**

(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**

(State or country under the law of which it is incorporated)

3. **46-3014811**

(FEI number, if applicable)

4. **JUNE 11, 2013**

(Date of incorporation)

5. **PERPETUAL**

(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. **4400 HILLCREST DRIVE, UNIT 603, HOLLYWOOD, FL 33021**

(Principal office address)

4400 HILLCREST DRIVE, UNIT 603, HOLLYWOOD, FL 33021

(Current mailing address)

8. **Engage in any lawful act or activity as allowed.**

(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:

William Castano

Office Address:

4400 Hillcrest Dr, #603

Hollywood

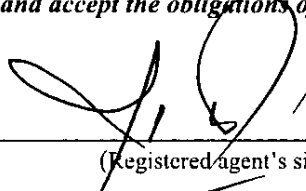
(City)

, Florida **33021**

(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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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: William Castano

Address: 4400 Hillcrest Drive, Unit 603
Hollywood, FL 33021

Vice Chairman: Hernan Orrego

Address: 4400 Hillcrest Drive, Unit 603
Hollywood, FL 33021

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: William Castano

Address: 4400 Hillcrest Drive, Unit 603
Hollywood, FL 33021

Vice President: Hernan Orrego

Address: 4400 Hillcrest Drive, Unit 603
Hollywood, FL 33021

Secretary: Hernan Orrego

Address: 4400 Hillcrest Drive, Unit 603
Hollywood, FL 33021

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. William Castano, President

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

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STATE OF FLORIDA
TALLAHASSEE

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PYGMALEON CORPORATION" 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 TWENTY-SIXTH DAY OF JULY, A.D. 2013.

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STATE
DEPARTMENT OF
TREASURY, FLORIDA



5348842 8300

130905851

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0618927

DATE: 07-26-13