# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : NORTHWEST REGISTERED AGENT LLC

Account Number : I20090000081 Phone : (509)768-224

Phone : (509)768-2249 Fax Number : (323)544-4790

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: processing@llcagent.com

### FOREIGN PROFIT/NONPROFIT CORPORATION

#### PriceAvisit Inc

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URDERS OF CORPORATION
TALL CHASSEE FLORIDA

Certificate of Status	0
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Page Count	04
Estimated Charge	\$70.00

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# 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.

I. PRICEAVIS			
(Enter name of	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	ED," "COMPANY," "CORPORATION,"	
	oo, or conf.		
		•	
(If name unavai	lable in Florida, enter alternate corporate na	me adopted for the purpose of transacting busi	ness in Florida)
DE		3.	
(State or country	under the law of which it is incorporated)	rated) (FEI number, if applicable)	
01/08/2013	•	5. PERPETUAL	
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")
5			
	(Date first transacted busines	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	
. 2020 N. D			
3030 N. KI	OCKY POINT DR. STE 150A (Principal office a		<del></del>
227 CHES	• •	/ALES, PA 19454	
	(Current mailing a		<del> </del>
·	CARE E-COMMERCE		<u> </u>
(Purpose(	s) of corporation authorized in home state or	country to be carried out in state of Florida)	
. Name and stre	et address of Florida registered agent: (F	O. Box NOT acceptable)	<u> </u>
Name:	Registered Agents Inc.		21 SSE
NOS - A J.J.		1504	
office Address:	3030 N. Rocky Point Dr. STE	<del></del> .	AM II: 3 92 STAT 5. FLORI
	Tampa (City)	, Florida 33607	: 3E
		(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.

Dan Keen-President
(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:		·	
Address:			•
			•
Vice Chairman:			
Address:	•		
Author.			
Director: HARSHWINDER SINGH			
Address: 3030 N. ROCKY POINT DR. STE 150A			
TAMPA, FL 33607			
Director:	-		
Address:	- VLT 3Et	13	.1500 . 30
		2	25-1272. 27
B. OFFICERS	S 25	2	F-1
President: HARSHWINDER SINGH	4		14177
Address: 3030 N. ROCKY POINT DR. STE 150A	- C-	=	The care
TAMPA, FL 33607	TÉ IDA	t.	
Vice President:			
Address:		•	
Secretary: HARSHWINDER SINGH			
Address: 3030 N. ROCKY POINT DR. STE 150A TAMPA, FL 33607			
Treasurer: HARSHWINDER SINGH			
Address: 3030 N. ROCKY POINT DR. STE 150A TAMPA, FL 33607			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	r directors	·•	
13. THARSHWINDER SINGH			
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 12 above) affirms that the tare true and that he or she is aware that false information submitted in a document to the Department third degree felony as provided for in s.817.155, F.S.	acts stated of State co	i herein nstitute	1 25 &
14. HARSHWINDER SINGH-PRESIDENT			
(Typed or printed name and capacity of person signing application)	,		

# Delaware

PAGE 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PRICEAVISIT 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 EIGHTH DAY OF NOVEMBER, A.D. 2013.

AND I DO HERBBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PRICEAVISIT INC" WAS INCORPORATED ON THE EIGHTH DAY OF JANUARY, A.D. 2013.

13 NOV 21 AM II: 34
SECRETARY OF STATE

*5271368 8300* 

131289809

You may verify this certificate online

AUTHENTICATION: 0881889

DATE: 11-08-13