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COVER LETTER

	Filing Section					
SUBJECT:	Parlevel S	ystems, Inc				
		Name of co	rporatio	n - must include suffix		
Dear Sir or M	ladam:			,		
"Certificate of	of Existence,"		Good Sta	r Authorization to Transac inding" and check are sub- less in Florida.		
Please return	all correspond	ence concerning t	his matte	er to the following:		
Margaret E	lbert					
	·····		Name of	Person		
Parlevel S	ystems, Inc					
			Firm/Co	mpany		
110 E. Hou	uston Street,	6th Floor		•		
San Anton	io, TX 7820!		Add	ress		
	10, 17 7020		tu/Stata	and Zip code		
margaret@) parlevelsys		ly/State	and Zip code		
- margarote			be used	for future annual report n	otification)	
For further in	nformation con	cerning this matte	r, please	call:		
Margaret Elbert		nt (210	、200-8873		
Name of Person			Area	Area Code & Daytime Telephone Number		
New Divi Clift 2661	EET/COURII Filing Section sion of Corpora on Building Executive Cea	ations nter Circle		MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations	
Enclosed is a		following amount \$78.75 Filing Fe Certificate of S	e &	□ \$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.

Parlevel Sys	stems, Inc			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
1110., CO., C	orp, me, ed, or edip.			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flor	rida)	
2. Delaware, L	JSA 3.	61-1700431		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 10/26/2012	5.	Perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")		
6. Only have e	mployee in Florida			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
110 F Houst	on Street, 6th Floor	V OS 2015		
7	(Principal office add	17W10 1 1 10 9 0)		
110 E. Hous	ton Street, 6th Floor $Sah A$	ntunio, 12 18205		
	(Current mailing add	ress)		
8 Name and street	et address of Florida registered agent. (P. () Boy NOT acceptable)	15 and 15	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				
Name:	CT Corporation System		<u>မ</u> မ	
Office Address:	1200 South Pine Island Rd	<u></u> :		
	Plantation	. Florida 33324	PH 12: 2	
(City)		(Zip code)	ં કુ	

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)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: GP Singh 6002 Camp Bullis Rd Address: San Antonio, TX 78257 none Vice Chairman: Address: _ Mike Troy Director: 110 E. Houston St., 6th Floor Address: San Antonio, TX 78205 Director: Gabriel Senior Ave 5A Norte Enrique Geenzier Address: El Cangrejo No 17-140 Panama **B. OFFICERS** President: Luis P. Gonzalez 110 E. Houston St., 6th Floor Address: San Antonio, TX 78205 Vice President: none Secretary: none Treasurer: Allan Paterson Address: 300 Austin Hwy, Suite 140 San Antonio, TX 78209 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer of director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he of 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. LUIS

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

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State of Belaware

SECRETARY OF STATE DIVISION OF CORPORATIONS P.O. BOX 898 DOVER, DELAWARE 19903 150089082

01-23-2015

9129804

PARLEVEL SYSTEMS INC

110 EAST HOUSTON ST, 6TH FL

SAN ANTONIO

TX 78205

ATTN: X

DESCRIPTION	AMOUNT
PARLEVEL SYSTEMS, INC. 5244990 8300 Certificate in Re Short Certification Fee Expedite Same Day, 1-3 Re Short	50.00 50.00
FILING TOTAL	100.00
TOTAL PAYMENTS	100.00
SERVICE REQUEST BALANCE	.00



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The First State

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

DELAWARE, DO HEREBY CERTIFY "PARLEVEL SYSTEMS, 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 TWENTY-THIRD DAY OF

JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

5244990 8300

150089082

Jeffrey W. Bullock, Secretary of State

AUTHENTYCATION: 2062799

DATE: 01-23-15

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