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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(Booument Humber)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





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DIVISION OF CORPERATION
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~ 02/19/15

COVER LETTER

TO: New Filing Division o	g Section f Corporations			
SUBJECT:	VELVET CHAINSA	W CONSULTING,	INC.	
	Name of corpora	ation - must include suffix		
Dear Sir or Madam	n:			
"Certificate of Exi	plication by Foreign Corporation istence," or "Certificate of Good foreign corporation to transact by	Standing" and check are subr		
Please return all co	orrespondence concerning this m	natter to the following:		
RON	Ald S. Schickl	er		
	Nam	e of Person		
LAW	Nam Office of Roma	Ald S. Schick	ELR	
-	Firm	/Company		
5915	Landerbrook	Drive, Suite +.	302	
	•	1001033		
MA	y field Heights c	phio 44124		
	City/St	tate and Zip code		
Ron	J@ 5CHCKIEKLAW. E-mail address: (to be a	NET		
	E-mail address: (to be a	used for future annual report r	notification)	
For further inform	nation concerning this matter, ple	ease call:		
ROWALD	5. Schickler at (21	16 491-3850		
Name of	5. Schickler at (a)	Area Code & Daytime Telepho	one Number	
· ·	C/COURIER ADDRESS:	MAILING A		
New Filing Section Division of Corporations			New Filing Section Division of Corporations	
Clifton Building		P.O. Box 6321	P.O. Box 6327	
	ecutive Center Circle see, FL 32301	Tallahass ce , F	EL 32314	
Enclosed is a che	ck for the following amount:			
\$70.00 Filing	Fee \$78.75 Filing Fee & Certificate of Status		S87.50 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.

"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
(State or country under the law of which it is incorporated) (FEI number, if applicable)		
August 19 2006 5. perpetual		
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")		
JANUARY (2015		
(Date first transacted business in Florida, if prior to registration)		
13750 W. COlon: Al Drive Swife 350-4149 WinterGarden F.	<i>د ع</i>	4181
(Principal office address)		
13750 W. Colonial Drive, Just 350-149, Wintergarden, FL	34	787
(Current mailing address)		<u></u>
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	15 FE8	SECRET DIVISION D
Name: DAVID J. Lutz	7	
ffice Address: 13750 W. Colonial Di, \$358-149	PH	ORPOS SOGR
WinterGarden, Florida 34787	3: 05	AT U.
(City) (Zip code)	-	.7.
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) OHO 3. 20-5448274 (State or country under the law of which it is incorporated) (FEI number, if applicable) August 17 2006 (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 13 750 W. Colowial Drive. Such 350-4199 Winderson, Fighting address) (Principal office address) 13 750 W. Colowial Drive, Such 350-149, Winderson, Fighting address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David J. Lutz	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) OHO OHO (State or country under the law of which it is incorporated) August 19 2006 (Bate of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 13 750 W. Colonial Drive Suck 350-119 Winterfarden, FL 3 (Principal office address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David J. Lut 2 Fisce Address: 13 750 W. Colonial Dr. 1238-149 Fisce Address: 13 750 W. Colonial Dr. 1238-149 Fisce Address: 13 750 W. Colonial Dr. 1238-149

9. 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: DAvid J. hutz	
Address: 1007 Johns Pointe DRIVE WINDER GARDEN, FLORIDA 34787	
Vice Chairman:	
Address:	
Director: DAVID J. LUTZ	
Address: (SAME ASOVE)	
Director:	OV.c
Address:	SECRETA ISION OF
B. OFFICERS	ARY OF URLY OF
President: DAVID J. LUTZ	SIAI ATA
Address: (SAMC AS ABOVE)	ar m
Vice President:	
Address:	
Secretary: MARGARET LUTZ	•
Address: 1007 Johns PRINTE DRIVE, WINTERGARDEN, FLORIDA	34787
Treasurer: DAVID J. LUTZ	
Address: (SAME AS ABOVE)	-
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12. 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	-
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.	
13. DAVID J. LUTZ PRESIDENT (Typed or printed name and capacity of person signing application)	_

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show VELVET CHAINSAW CONSULTING, INC., an Ohio corporation, Charter No. 1642565, having its principal location in Aurora, County of Portage, was incorporated on August 17, 2006 and is currently in GOOD STANDING upon the records of this office.

JIVISION OF CORPORATION

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Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 4th day of February, A.D. 2015.

Ohio Secretary of State

Validation Number: 201503500494