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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: O'Biolla 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:
Giuseppe Mascarella

Name of Person

O'biolla corporation

Firm/Company

1508 Meridian Ave, suite 2

Address

Miami Beach, FL 33139

City/State and Zip code

giuseppe@valueamplify.com

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

For further information concerning this matter, please call:

Giuseppe Mascarella

(4252) 269 5478

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

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:

FEB 23 AM 10:32
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. O'Biolla Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Value Amplify

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WA, USA

3. _____

(State or country under the law of which it is incorporated)
6/5/2007

(FEI number, if applicable)

4. _____

5. Perpetual

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

None so far

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1508 Meridan Ave, ste 2, Miami Beach FL 33139

(Principal office address)

1508 Meridan Ave, ste 2, Miami Beach FL 33139

(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Giuseppe Mascarella

Office Address: 1508 Meridian Ave, ste 2

MIAMI BEACH

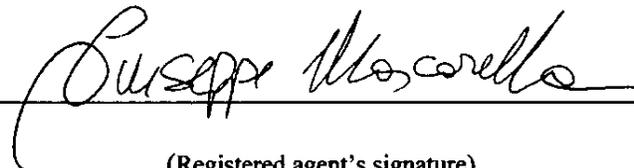
(City)

, Florida 33139

(Zip code)

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: Giuseppe Mascarella

Address: 1508 Meridian AVE, STE 2

Miami Beach FL 33139

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

15 FEB 23 AM 8:32
STATE OF FLORIDA

OFFICERS

President: Giuseppe Mascarella

Address: 1508 Meridian AVE, STE 2

Miami Beach FL 33139

Vice President: _____

Address: _____

Secretary: _____

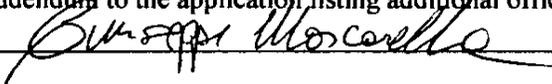
Address: _____

Treasurer: _____

Address: _____

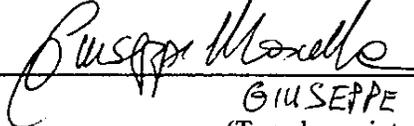
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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 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.  _____

GIUSEPPE MASCARELLA, OFFICER
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

15 FEB 23 AM 9:32
STATE OF WASHINGTON
OFFICE OF THE SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE/AUTHORIZATION
OF
O'BIOLLA CORPORATION**

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 6/5/2007.

I FURTHER CERTIFY that as of the date of this certificate, O'BIOLLA CORPORATION remains active and has complied with the filing requirements of this office.

Date: January 21, 2015

UBI: 602-735-450



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State