F1500001546

(F	Requestor's Name)
(A	address)
(A	address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(E	Occument Number)
Certified Copies Certificates of Status	
Special Instructions t	o Filing Officer:
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NATIONAL OF CORPORACION

APR 1 3 2015

S. GILBERT



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3458 LAKESHORE DRIVE TALLAHASSEE, FLORIDA 32312 (850) 656-4724

TOLL FREE: 844-54I-6792

COVER LETTER

WALK IN
ENTITY NAME: ONE VIEW CONSULTING, INC
CK #
amount: 78.75
PLEASE FILE THE ATTACHED AND RETURN:
_ PLAIN COPY
CERTIFIED COPY
PLEASE CONTACT TINA AT 850-508-1891 FOR
FURTHER INFORMATION ON THIS MATTER.

THANK YOU!

TINA GOFF, PRESIDENT

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.

	ilable in Florida, enter alternate corporate name a	adopted for the purpose of transacting	business in Florida)
New Yo	3.		
•	try under the law of which it is incorporated)	(FEI number, if app	licable)
June 25		perpetual	
· ·	te of incorporation)	(Duration: Year corp. will cease to e	exist or "perpetual")
upon filii		w. 1. 10 1	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 22, F.S., to determine penalty liability	· · · · · · · · · · · · · · · · · · ·
750 SW	132nd Terrace, Pinecrest,	• • •	,
·	(Principal office addre		•
<u> </u>	(Current mailing addre	SS) ·	
			Z _S
lame and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	100 N
Name:	April McDaniel		APR I
ce Address:	5750 SW 132nd Terrace	- 	SE O
e Address:	Pinecrest	 221 <i>E6</i>	
		, Florida 33156	6 6 6
	(City)	(Zip code)	ရွာက် ယ
Registered ag	ent's acceptance;		
Registered ag	ent's acceptance: ed as registered agent and to accept service of application, I hereby accept the appointment a	process for the above stated corpor	ation at the place

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.

12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: April McDaniel
Address: 5750 SW 132nd Terrace
Pinecrest, FL 33156
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: April McDaniel
Address: 5750 SW 132nd Terrace
Pinecrest, FL 33156
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
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. April McDaniel, President
(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of ONE VIEW CONSULTING, INC. was filed on 06/25/2012, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 04/09/2015.

I further certify that no other documents have been filed by such corporation.

OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 09th day of April two thousand and fifteen.

0 4 0 0

Anthony Giardina
Executive Deputy Secretary of State

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