F16000001933

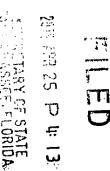
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,,					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
cert. WIL-2556V					
•					

Office Use Only



300283905473

04/05/16--01022--006 **78.75



APR 26 2016

3 MASON



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2016

FPETER R. VIER
357 CYPRESS DRIVE, UNIT #2
TEQUESTA, FL 33469

SUBJECT: EFFULGENT TECHNOLOGIES, INC.

Ref. Number: W16000025566

We have received your document for EFFULGENT TECHNOLOGIES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 316A00007089

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	egistration Section				
SUBJEC	Effulgent Tec	hnologies, Inc.			
SOBOLO		Name of corporation	on - must	include suffix	
Dear Sir o	r Madam:				
"Certificat	e of Existence,"	by Foreign Corporation for "Certificate of Good Storporation to transact busi	anding" a	ind check are sub	
Please retu Peter R. Vi	-	ence concerning this mat	ter to the	following:	
		Name o	of Person		
Effulgent 7	echnologies, Inc.				
357 Cypres	ss Drive, Unit #2	Firm/Co	ompany		
		Ado	iress	,	
Tequesta, I	Florida 33469				
prvier@gm	ail.com	City/State	and Zip	code	
	I	E-mail address: (to be use	d for futu	re annual report i	notification)
For further	r information con	cerning this matter, please	e call:		
Peter R. Vi	er	561 at (234	234-0199	
N	ame of Person	Area Co	ode	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed i	s a check for the	following amount:			
570.00	Filing Fee	\$78.75 Filing Fee & Certificate of Status		5 Filing Fee & Ted 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.

nologies, Inc.				
corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPOR.	ATION,"		
Systems				
able in Florida, enter alternate corporate name	e adopted for the purpose of train	nsacting business in Florida)		
3	42-1754472			
y under the law of which it is incorporated)	(FEI number, if applicable)			
of incorporation)	(Date of duration, if other than perpetual)			
(SEE SECTIONS 607.1501 & 607.	1502, F.S., to determine penalty			
(1 mic	ipai office acutess)	•		
(Current mail	ling address, .f different)			
Peter R. Vier 357 Cypress Drive, Unit #2 Tequesta (City)	O. Box NOT acceptable) , Florida (Zip code)	PILED 2018 APR 25 P U: 13 PETARY OF STATE CASSEE, FLORIDA		
	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.") Systems able in Florida, enter alternate corporate name and younder the law of which it is incorporated) (Date first transacted business (SEE SECTIONS 607.1501 & 607.1	corporation; must include "INCORPORATED," "COMPANY," "CORPORATED," "Inc," "Co," or "Corp.") Systems able in Florida, enter alternate corporate name adopted for the purpose of training address of florida and it is incorporated) (Date of duration, it is incorporated) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty it, Unit #2, Tequesta, Florida 33469 (Principal office address) (Current mailing address, if different) et address of Florida registered agent: (P.O. Box NOT acceptable) Peter R. Vier 357 Cypress Drive, Unit #2 Tequesta , Florida 33469		

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:						
Address: 360 Fiesta Ave. #223, Tequesta, Florida 33469						
Vice Chairman:						
Address:						
Director:						
Address:						
Director:						
Address:						
	100m 100 color 200 color assertion					
B. OFFICERS						
Peter R. Vier	Mag or m					
President:	70					
Address:	ORIDA ORIDA					
Vice President:						
Address:						
Secretary:						
Address:						
Treasurer:	-					
Address:						
NOTE: If necessary, you may attach an addendum to the application listing additional of						
12. Signature of Director or Officer						
The officer or director signing this document (and who is listed in number 11 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 a third degree felony as provided for in s.817.155, F.S.	Department of State constitutes					
13. Peter R. Vier - President						
(Typed or printed name and capacity of person signing application)						



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

EFFULGENT TECHNOLOGIES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 12th day of February, 2008, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 20th day of April, 2016.

6 Jaine J. Marshall

Secretary of State

Certification# 98650159-1 Reference# 13150141- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification