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2016 MAY -9 A 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 11 2016

3 14 2016

COVER LETTER

TO: Registration Section
Division of Corporations

MB MANAGEMENT & CONSULTING INC

SUBJECT: _____
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:
MANUEL BRITTO

Name of Person
MB MANAGEMENT & CONSULTING INC

Firm/Company
170-53 HEART OF PALMS DR

Address
TAMPA, FL 33647

City/State and Zip code
MANUELBRITTO@YAHOO.COM

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

For further information concerning this matter, please call:

GUSTAVO VALENCIA 718 478-7883

Name of Person at () Daytime Telephone 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 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.*

MB MANAGEMENT & CONSULTING INC

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

N/A

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

NEW YORK

47-5531958

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

NOVEMBER 09, 2015

PERPETUAL

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

MAY 15, 2016

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
170-53 HEART OF PALMS DR, TAMPA, FL 33647

7. _____
(Principal office address)
SAME AS ABOVE

(Current mailing address, if different)

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

MANUEL BRITTO

Name: _____

170-53 HEART OF PALMS DR

Office Address: _____

TAMPA

33647

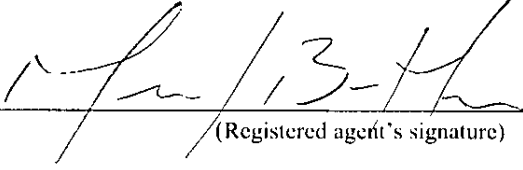
(City)

(Zip code)

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2015 MAY -9 A 11:01
SECRETARY OF STATE
TAMPA FLORIDA

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

MANUEL BRITTO

Chairman:

170-53 HEART OF PALMS DR

Address:

TAMPA, FL 33647

N/A

Vice Chairman:

Address:

N/A

Director:

Address:

N/A

Director:

Address:

B. OFFICERS

MANUEL BRITTO

President:

170-53 HEART OF PALMS DR

Address:

TAMPA, FL 33647

N/A

Vice President:

Address:

N/A

Secretary:

Address:

N/A

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 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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MANUEL BRITTO - president

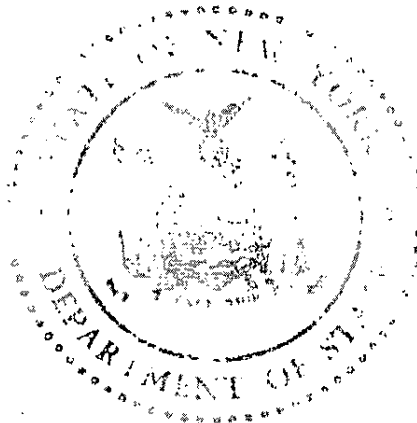
13. _____

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

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2018 MAY -9 A 11:01
SECRETARY OF STATE
TAMPA, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MB MANAGEMENT & CONSULTING INC was filed on 11/09/2015, 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.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 27th day of April two
thousand and sixteen.*

Anthony Giardina

Executive Deputy Secretary of State