

# FILED 000005568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

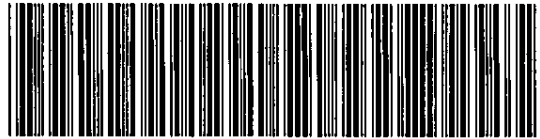
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/07/16--01015--019 \*\*76.75

FILED  
2016 DEC 16 P 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
DEC 19 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 8, 2016

EUGENIO SANTOS  
951 YAMATO RD STE 101  
BOCA RATON, FL 33487

SUBJECT: VIVI PAY, INC.  
Ref. Number: W16000082157

We have received your document for VIVI PAY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 116A00026132

2016 DEC 10 P 12:21  
SECRET  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
VIVI PAY, 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:  
EUGENIO SANTOS

\_\_\_\_\_  
Name of Person  
VIVI PAY, INC.

\_\_\_\_\_  
Firm/Company  
951 YAMATO RD STE 101

\_\_\_\_\_  
Address  
BOCA RATON / FL / 33487

\_\_\_\_\_  
City/State and Zip code  
eugenio@vivi.solutions

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

For further information concerning this matter, please call:

EUGENIO SANTOS                      510                      697-5350  
\_\_\_\_\_  
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

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2015 DEC 16 P 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

VIVI PAY, INC.

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

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
DELAWARE 81-4204176

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
10/21/2016

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
11/01/2016

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
16192 COASTAL HWY / LEWES / DE / 19958

7. \_\_\_\_\_  
(Principal office address)  
951 YAMATO RD STE 101 / BOCA RATON / FL / 33487  
\_\_\_\_\_  
(Current mailing address, if different)

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

Name: MARY SANTOS

Office Address: 951 YAMATO RD STE 101  
BOCA RATON, Florida 33487  
(City) (Zip code)

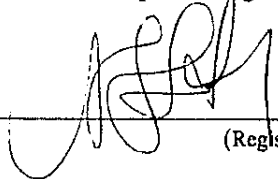
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TALLAHASSEE, FLORIDA

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**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: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

EUGENIO SANTOS

Director: \_\_\_\_\_

951 YAMATO RD STE 101 / BOCA RATON / FL / 33487

Address: \_\_\_\_\_

EDWIN SOLARES

Director: \_\_\_\_\_

951 YAMATO RD STE 101 / BOCA RATON / FL / 33487

Address: \_\_\_\_\_

**B. OFFICERS**

EDWIN SOLARES

President: \_\_\_\_\_

951 YAMATO RD STE 101 / BOCA RATON / FL / 33487

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

MARCELO BOBADILLA

Secretary: \_\_\_\_\_

951 YAMATO RD STE 101 / BOCA RATON / FL / 33487

Address: \_\_\_\_\_

CLAILE OPPENHEIMER

Treasurer: \_\_\_\_\_

951 YAMATO RD STE 101 / BOCA RATON / FL / 33487

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.

EDWIN SOLARES

13. DIRECTOR / PRESIDENT

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ADDENDUM LISTING ADDITIONAL OFFICERS AND / OR DIRECTORS

A. DIRECTORS

Director: FRANCESCO RICIULLI

Address: 951 YAMATO RD STE 101 / BOCA RATON / FL / 33487

Director: CLAILE OPPENHEIMER

Address: 951 YAMATO RD STE 101 / BOCA RATON / FL / 33487



EDWIN SOLARES  
DIRECTOR / PRESIDENT

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2016 DEC 16 P 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "VIVI PAY, INC." IS DULY INCORPORATED  
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND  
HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS  
OFFICE SHOW, AS OF THE SEVENTH DAY OF DECEMBER, A.D. 2016.



6189479 8300

SR# 20166883227

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203462937

Date: 12-07-16