## F1700001553

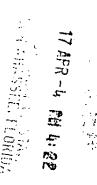
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone #	<i>f</i> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	·)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Y SULKER

## **COVER LETTER**

TO:	Registrati Division o								
SUBJ	ECT· V	'irtual	Projects Gro	oup, Inc					
5000	<b></b>		Na	me of corpora	tion	- mus	t include suffix		
Dear S	ir or Madaı	m:							
"Certif	ficate of Ex	istence	," or "Certifi		Stand	ding"	and check are sub	ct Business in Florida," omitted to register the	
Please	return all c	orrespe	ondence conc	erning this m	atter	to the	following:		
	J	losh Di	eguse						
				Namo	of F	erson			
	•	Virtual	Projects Gro	up, Inc					
				Firm/0	Comp	oany			
	6	6660 64	th Avenue N	orth					
				A	ddre	SS			
		Pincllas	Park, FL 33						
				City/Sta	te an	d Zip	code		
	he	ostmas	ter@virtualpg	g.net lress: (to be u	ed f	or futi	ire annual report i	notification)	
							ire annuai report i	notification)	
For fur	rther inform	nation (	concerning th	is matter, plea	ase c	all:			
	Jo	sh Die	guse	at (_727		`	362-1008		
	Name of	Person		Area		_)	Daytime Telep	hone Number	
	Registrati Division of Clifton B	ion Sec of Corp uilding cutive	oorations Center Circle				MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	Section orporations 7	
Enclos	sed is a che	ck for t	he following	amount:					
<b>S</b> \$70	0.00 Filing	Fee	S78.75 F Certific	filing Fee & ate of Status			75 Filing Fee & ified Copy	S87.50 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.

1. Virtual Proj	ects Group, Inc					
(Enter name of cor "Inc.," "Co.," "Cor	poration; must include "INCORPORATI p," "Inc," "Co," or "Corp.")	ED," "COMPANY,"	"CORPORATION,"			
(If name unavailab	le in Florida, enter alternate corporate na	ime adopted for the p	urpose of transacting bu	ısiness in Flor	ida)	
2. Delaware		3				
(State or country	under the law of which it is incorporated	)	(FEI number, if applic	able)		
4. 11/12/2004		5.				
(Date o	f incorporation)	(Date of	of duration, if other than	perpetual)		
6. 4/11/2017						
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60					
76660 64th	Avenue North, Pinellas Park, FL 33781					
	(Pri	incipal office address	)		<del></del>	
				·		
	(Current m	ailing address, if diff	erent)		17	
8. Name and street	address of Florida registered agent:	(P.O. Box <u>NOT</u> ac	cceptable)	1.12 f 1.12 f 1.12 f	APR-	
Name:	Josh Dieguse			57	=	
Office Address:	6660 64th Avenue North			r Corre		:
	Pinellas Park	. Florida	33781		NO NO	
	(City)	, 1 1011da _	(Zip code)	•		
designated in this a further agree to co	nt's acceptance:  If as registered agent and to accept so  Inpolication, I hereby accept the appoint  In provisions of all status  In miliar with and accept the obligation  I have been accept the obligation  I have been accept the color of	intment as register tes relative to the p	red agent and agree to proper and complete p	to act in this	capacity	ce Li
	(Registe	red 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.

	and business addresses of officers and/or directors.			
A. DIREC	TORS			
Chairman: _			<del></del>	
Address:				
_				
Vice Chairm	an:			
Address:				
Director:				
Director:				
		, T.		
B. OFFIC	ERS		APR	
President:	L L D'	3.65 មា ម្នា	- <u>1</u>	
Address:	CCO CASE Assess Novel William 1 IV 22701	(71)	7	<del>- i.</del> ;
Address.		<del>- 1</del>		
			_#3-	
	nt:			
Address:				
<del></del>				
Secretary: _				
Address:				<del></del>
Treasurer: _				
Address:		<del></del>	·	
NOTE: If	necessary, you may attach an addendum to the application listing additional officers and/	or direct	ors.	
12	Signature of Director or Officer			
are true and	Signature of Director or Officer or director signing this document (and who is listed in number 11 above) affirms that the that he or she is aware that false information submitted in a document to the Department ee felony as provided for in s.817.155, F.S.			
13				
	(Typed or printed name and capacity of person signing application)			

## <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "VIRTUAL PROJECTS GROUP, 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 SIXTEENTH DAY OF MARCH, A.D. 2017.



Jeffrey W. Busiloca, Secretary of State

Authentication: 202211506