F1700000 19aa

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400298338094

04/25/17--01012--025 **78.75

17 APR 24 AM 9: 56 20

6 2017 APR 24 AM II: 46

LAR 28 2017 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations				
SURI	Vimana Industries Corp.				
3000		me of corporatio	n - must include su	ffix	_
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certificate of Existence," or "Certificate or the component of the	cate of Good Sta	nding" and check a		
Please	return all correspondence conc	erning this matte	er to the following:		
Anny (Carvalho				
		Name of	Person		
Private	Advising Group, P.A.				
	-	Firm/Co	npany	# 2 / 	_
600 Br	ickell Ave. Ste. 1725				
	W	Add	ess	* *	_
Miami	, FL 33131				
		City/State	and Zip code		-
ines@p	private-advising.com				
	E-mail add	ress: (to be used	for future annual r	eport notification)	_
For fur	rther information concerning th	is matter, please	call:		
Anny (Carvalho	786 at (292-1599		
	Name of Person	Area Coo		Telephone Number	
	STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		Registra Divisior P.O. Bo	NG ADDRESS: ation Section to of Corporations x 6327 ssee, FL 32314	
Enclos	ed is a check for the following	amount:			
□ \$70	0.00 Filing Fee \$78.75 F Certifica	iling Fee & Cate of Status	3 \$78.75 Filing Fe Certified Copy	ee & \$87.50 Filing Fee, Certificate of Statu Certified Copy	s &

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.

Vimana Industri			
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
(If name unavaila	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting business in Florida	
Delaware	3	2-1171513	
April 13, 2017	y under the law of which it is incorporated)	(FEI number, if applicable)	
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1501 y Suite 201G, Exploration Park, FL 32953	n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
ouyssey wa		pal office address)	
505 Odyssey Wa	y Suite 201G, Exploration Park, FL 32953	at office address)	
	(Current mailir	ng address, if different)	
Name and street	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	
Name:	C T Corporation System		
ffice Address:	1200 S Pine Island Rd. #250		
	Plantation	33324 , Florida	
	(City)	(Zip code)	

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.

Jennifer Quinn, Asst. Secretary, C T Corporation System (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. DIR	ECTORS Control Management		
Chairman			
Address:	505 Odyssey Way Suite 201G	-	
	Exploration Park, FL 32953		
Vice Cha	irman:		
Address:			
Director:	Marcos Dario Franceschini		
Address:	505 Odyssey Way Suite 201G		
	Exploration Park, FL 32953		
Director:	Santiago Tempone		
Address:	505 Odyssey Way Suite 201G		
	Exploration Park, FL 32953		
B. OFF	TCERS		
President	Gustavo Montemurro		
Address:	505 Odyssey Way Suite 201G		
	Exploration Park, FL 32953	17	,
Vice Pres	Marcos Dario Franceschini sident:	APR	
Address:	505 Odyssey Way Suite 201G	24	
	Exploration Park, FL 32953		15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05 15.05
Secretary	Santiago Tempone	či Š	
Address:	505 Odyssey Way Suite 201G, Exploration Park, FL 32953	କ୍ର	
Treasurer	Marcos Dario Franceschini		
	505 Odyssey Way Suite 201G, Exploration Park, FL 32953		
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or director	s.	
The office are true a third de	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts state and that he or she is aware that false information submitted in a document to the Department of State carries felony as provided for in s.817.155, F.S.	ed here	ein utes
15	(Typed or printed name and conscitu of names cigning and institution)		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VIMANA INDUSTRIES CORP." 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 TWENTY-FIRST DAY OF APRIL, A.D.

2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 202416463

Date: 04-21-17