# F17000002929

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	TIAW	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
<b></b>		1		
Special Instructions to Filing Officer:				
i ,				

Office Use Only



000300713360

06/26/17--01018--007 \*\*78.75



JUN 2 9 2017 Y SULKER

# COVER LETTER

ार्**पश्चमक्त्र है**। १८८५)

TO: Registration Section Division of Corporations				
ELITE MAINFRAME SOL	UTIONS CORP			
SUBJECT:				
Dear Sir or Madam:			1	
The enclosed "Application by Foreign C "Certificate of Existence," or "Certificat above referenced foreign corporation to	e of Good Stand	ing" and check are sub-	et Business in Florida," mitted to register the	
Please return all correspondence concerr SERGIO OSPINA	ning this matter t	o the following:	·	
ELITE MAINFRAME SOLUTIONS CORP	Name of Po	erson	· .	
1234 S DIXIE HWY #1036	Firm/Comp	•		
CORAL GABLES, FL 33146	Addres	S		
SERGIOOSPINA@ELITEMAINFRAMESO	City/State and DLUTIONS.COM			
E-mail addres	s: (to be used fo	r future annual report n	otification)	
For further information concerning this i	natter, please ca	II:		
SERGIO OSPINA		559-5643		
Name of Person	at (Area Code	Daytime Telepl	none Number	
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	SS:	MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	
Enclosed is a check for the following am	ount:	•		
☐ \$70.00 Filing Fee ■ \$78.75 Filin Certificate	-	\$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

1

	REIGN CORPORATION TO TRANSACT BUS RAME SOLUTIONS CORP	SINESS IN THE STATE OF FLOI	RIDA.
	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"	
(If name unavaila GEORGIA		pted for the purpose of transacting bu -3269334	usiness in Florida)
	y under the law of which it is incorporated)	(FEI number, if applic	
***************************************	of incorporation) 5.	5. (Date of duration, if other than perpetual)	
1234 S DIXIE HV	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 WY #1036 CORAL GABLES, FL 33146		
589 BELLBROO	OK LN LAWRENCEVILLE, GA 30045-9314	Thee address,	TALL.
	(Current mailing a	ddress, if different)	JUN 2
. Name and stree Name:	et address of Florida registered agent: (P.O. F SERGIO OSPINA	Box NOT acceptable)	YOF'S EE. FL
Office Address:	1234 S DIXIE HWY #1036	_	TATE OF
	CORAL GABLES	33146 , Florida	
	(City)	(Zip code)	
laving been nam lesignated in this urther agree to co	ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela amiliar with and accept the obligations of m	it as registered agent and agree i tive to the proper and complete j	o act in this capacity
		_	
***************************************	Registered age	nt'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 SERGIO OSPINA Chairman: 1234 S DIXIE HWY #1036 CORAL GABLES, FL 33146 Address: \_ Vice Chairman: Address: \_\_\_ Director: Address: \_\_\_ Director: Address: \_\_\_ **B. OFFICERS** SERGIO OSPINA President: 1234 S DIXIE HWY # 1036 Address: CORAL GABLES, FL 33146 Vice President: Address: Secretary: \_ Address: \_ Treasurer: \_\_\_ **NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. SERGIO OSPINA - PRESIDENT 13. (Typed or printed name and capacity of person signing application)

Control Number : 16067456

# STATE OF GEORGIA

### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### ELITE MAINFRAME SOLUTIONS CORP

#### a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 13909016 : 07/14/2016 : Georgia : 01/25/2017



Brian P. Kemp Secretary of State