

F19000000591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

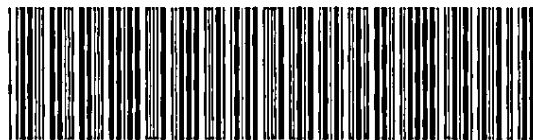
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/29/19--01006--013 **76.75

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2019 JAN 29 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UJS
2-2-19

COVER LETTER

TO: Registration Section
Division of Corporations
VERCIA SERVICES GROUP 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:
MARSHA SIHA

Name of Person

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

MARSHA SIHA 888 462-3453

Name of Person at (_____) _____
Area Code 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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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.

VERCIA SERVICES GROUP INC.

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

2. _____ 3. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
INDIANA 82-3098036

4. _____ 5. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
10/12/2017 PERPETUAL

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

7. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
3129 25TH ST. #389 COLUMBUS, IN 47203

8. _____
(Principal office address)

_____ (Current mailing address, if different)

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

LEGALINC CORPORATE SERVICES INC.

Name:

5237 SUMMERLIN COMMONS SUITE 400

Office Address:

FORT MYERS

(City)

, Florida

33907

(Zip code)

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TALLAHASSEE, 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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Uriel David Franco Rodriguez

Director: _____

3129 25th Street, Ste 389 COLUMBUS, IN 47203

Address: _____

Director: _____

Address: _____

B. OFFICERS

Uriel David Franco Rodriguez

President: _____

3129 25th Street, Ste 389 COLUMBUS, IN 47203

Address: _____

Vice President: _____

Address: _____

Uriel David Franco Rodriguez

Secretary: _____

3129 25th Street, Ste 389 COLUMBUS, IN 47203

Address: _____

Uriel David Franco Rodriguez

Treasurer: _____

3129 25th Street, Ste 389 COLUMBUS, IN 47203

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

2. _____

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.

Uriel David Franco Rodriguez

3. _____

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

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2019 JAN 29 PM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

VERCIA SERVICES GROUP INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 12, 2017, and was in existence or authorized to transact business in the State of Indiana on January 19, 2019.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 19, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201710121218654 / 2019856907

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on February 18, 2019.