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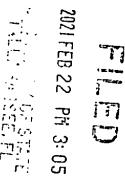
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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cial Instructions to Filing Officer:
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Office Use Only



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### COVER LETTER

TO:	Registration Sec Division of Corp								
SUBJ	VUE SER	VICES CORP.							
SUBJ	EC1:	Name	of corporation	on - must	include suffix				
Dear S	ir or Madam:								
"Certif	iclosed "Applicati ficate of Existence referenced foreign	e," or "Certificat	e of Good Sta	anding" a	ind check are sut	et Business mitted to re	in Flot gister (	rida," the	
Please	return all corresp	ondence concerr	ning this matt	er to the	following:				
CHRIS	TIAN CABEZA								
			Name o	f Person	-				
VUE S	ERVICES CORP					<del>.</del>		2021 FEB	
-			Firm/Co	mpany					
10648	WARLO CREEK S	STREET				•	٠	2	- 42.80
			Add	lress			<del>.</del>	2	
ORLA	NDO, FL 32832							F# 3	-
			City/State	and Zip	code			0	_
CHRIS	TIAN@VUESERV	/ICE.COM					· :	្ស	
		E-mail addres	s: (to be used	for futu	re annual report	notification)			_
For fur	ther information (	concerning this i	natter, please	call:					
CHRIS	TIAN CABEZA		347 at (	251	-0846				
	Name of Persor	1	Area Co	ode '	Daytime Telep	hone Numb	er	-	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						
Please r	ed is a check for t nake check payable .00 Filing Fee		DEPARTMEN ng Fee &	<b>\$78.7</b>	ATE 5 Filing Fee & fied Copy			of Statu	18 &

#### APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO GISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	corporation; must include "INCORPORATED," "Orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"				
	able in Florida, enter alternate corporate name ad		usiness in Florida)			
NY		82-0687233				
(State or counti	ry under the law of which it is incorporated)	(FEI number, if applied	:able)			
03/03/2017	5.					
(Date	of incorporation)	(Date of duration, if other than	(Date of duration, if other than perpetual)			
6056 69TH ST, V	(SEE SECTIONS 607.1501 & 607.150) VOODSIDE, NY 11377  (Principal office		2021 FEB 2	755		
	(Current mailing	address, if different)	CAST PR	_		
Name and stree	et address of Florida registered agent: (P.O. CHRISTIAN CABEZA	Box <u>NOT</u> acceptable)	3: 05 SWE E.FL			
fice Address:	10648 WARLO CREEK STREET					
	ORLANDO	, Florida				
	(City)	(Zip code)				

#### Registered agent's acceptance:

VUE SERVICES CORP

ving been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I ther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction let the law of which it is incorporated.

hairman	Name: CHRISTIAN CABEZA	□Chairman	Name: YOV	ANY CABEZA	
ice Chairman	10648 WARLO CREEK STREET	□Vice Chairman	504	47 69TH ST	
irector	ORLANDO. FL 32832	Director	WOODSIDE, NY 11377		
resident		□President			
		■Vice President			
ecretary	□Treasurer	☐ Secretary		□Treasurer	
ther	Other	□Other		□Other	
hairman	Name:	□Chairman	Name:		
ice Chairman	Address:	□Vice Chairman			
irector	Address.	□ Director	Address.	202)	
resident		□President			
ice President		□Vice President		22	
ecretary	□Treasurer	☐ Secretary		O Treasurer 3	
ther	Other	Other		Other O,	
hairman	Name:	□Chairman	Name:		
ice Chairman	Address:	□Vice Chairman	Address:		
irector		□Director			
esident		□President	-		
ice President		□Vice President			
ecretary	□Treasurer	□Secretary		□Treasurer	
ther	Other	Other		□Other	
	Use an attachment to report more than six (6). The attachment to report more than six (6). The attachment to report more than six (6). The attachment to report more than six (6).		port form.		
	Signature of Director	or Officer	_		
,-,-					

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 s aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 7.155, F.S.

#### CHRISTIAN CABEZA

DIRECTORS

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of VUE SERVICES CORP. was filed on 03/03/2017, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.



2021 FEB 22 PM 3: 05

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 07th day of January two thousand and twenty-one.

Braden C Hylen

Brendan C Hughes
Executive Deputy Secretary of State