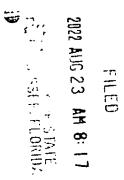


(Requestor's Name)					
(Address)					
(Address)					
(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	siness Entity Nan	ne)			
(Doc	cument Number)				
,	,				
Certified Copies	Certificates	of Status			
Certified Copies	Certificates	o oi otatus			
Special Instructions to I	Filing Officer:				





500391986895



T. LEMIEUX AUG 2 4 2022

COVER LETTER

FO: Registration Section Division of Corporations		
SUBJECT: ANALYTICS CONSULT	ING CORP.	
Nan	ne of corporation	on - must include suffix
Dear Sir or Madam:		
The enclosed "Application by Foreign "Certificate of Existence," or "Certificabove referenced foreign corporation to	ate of Good St	r Authorization to Transact Business in Florida," and check are submitted to register the ness in Florida.
Please return all correspondence conc	erning this matt	er to the following:
Catherine H. Papagianakis		
	Name (of Person
Analytics Consulting Corp.		
	Firm/Co	ompany
2651 NW 84 Avenue-Apt. 105		
	Ad	lress
Doral, FL 33122		
	City/State	and Zip code
Catpap99@yahoo.com		
E-mail add	ress: (to be use	d for future annual report notification)
For further information concerning th	is matter, pleas	e call:
Catherine Papagianakis	516	ode Daytime Telephone Number
Name of Person	Area C	ode Daytime Telephone Number
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
	amount: A DEPARTME Filing Fee & ate of Status	NT OF STATE ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee. Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2022

CATHERINE H PAPAGIANAKIS 2651 NW 84 AVE APT 105 DORAL, FL 33122

SUBJECT: ANALYTICS CONSULTING CORP.

Ref. Number: W22000101721

We have received your document for ANALYTICS CONSULTING CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 822A00017562

RECEIVED

AUG 2 3 2077

www.sunbiz.org

o nove coor of 11 1 171-111- 2001

· 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.

	NSULTING CORP.	COLADARDY " SCHOOL STICAN "		
(Enter name of cor "Inc.," "Co.," "Cor	poration: must include "INCORPORATED," "(p," "Inc," "Co," or "Corp,")	JOMPANY, "CORPORATION.		
ANALYTICS CC				
(If name unavailab	le in Florida, enter alternate corporate name ado	pted for the purpose of transacting busin	ess in Florida)	
NEW YORK	NEW YORK (State or country under the law of which it is incorporated) 3. 52-2267754 (FEI number, if applications)			
SEPTEMBER 22	. 2000 5 5			
(Date o	f incorporation)	(Date of duration, if other than per	rpetual)	
N/A				
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	orida, if prior to registration) , F.S., to determine penalty liability)		
2651 NW 84th Ave	enic-Apt. 105, Doral, FL 33122			
	(Principal office	street address)		
	(Current mailing a	iddress, if different)		
		D. NIZYP		
Name and street	address of Florida registered agent: (P.O. t	30x NOT acceptable)		
	Catherine Il Palaere	analus = ==	· ~3	
Name:	<u> </u>		··	
Name: ffice Address:	2651 N.W. 844 Any	=-Ap+ 105	022 AU	
Name: ffice Address:	2651 N.W. 84th And	2-Ap+ 105 Florida 33122	FIL 022 AUG 24	
Name: ffice Address:	Doral FL (City)	2-Ap+ 105 Florida 33122 (Zip code)	FILED 022 AUG 23 P	
Name: ffice Address:	Doral FL (City)	2-Ap+ 105 Florida 33122 (Zip code)	FILED 87. LaskFiled	
anina kaan nama	od ac rouistored agent and to accept service	of process for the above stated corp.	oration at the pl	
Registered age laving been name esignated in this orther agree to co	on a acceptance. If a registered agent and to accept service application, I hereby accept the appointment of all statutes relatives.	of process for the above stated corp nt as registered agent and agree to a utive to the proper and complete perj	Oration at the pl coin this aupaci	
taving been name esignated in this arther agree to co	nt's acceptance. I do not service and to accept service application. I hereby accept the appointme.	of process for the above stated corp nt as registered agent and agree to a utive to the proper and complete perj	Oration at the pl coin this aupaci	
taving been name esignated in this arther agree to co	on a acceptance. If a registered agent and to accept service application, I hereby accept the appointment of all statutes relatives.	of process for the above stated corp. nt as registered agent and agree to a utive to the proper and complete perj ion as registered agent.	Oration at the pl coin this aupaci	

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.

A. DIRECTORS				
□Chairman	Name:	□ Chairman	Name:	
□ Vice Chairman	Address: 2651 NW 84th Avenue-Apt. 105	□ Vice Chairman	Address:	
Director	Doral, FL 33122	□Director		
□President		□President	-	
□Vice President		□Vice President		
☐ Secretary	Treasurer	□Secretary		□Treasurer
□Other	Other	□Other		Other
□Chairman	Name:	□Chaiπnan	Name:	
□Vice Chairman	Addiess:	□Vice Chairman	Address:	<u> </u>
Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	Other	Other		□Other
□Chai⊓nan	Name:	□Chairman	Name:	
	Address:	□Vice Chairman	Address:	
_ □Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	Secretary		□Treasurer
Other	□Other	□Other		□Other
12	Use an attachment to report more than six (6). The atta be added to the index when filing your Florida Department of Director of Director of Signature of Director of Caracteristics (and who is listed in number false information submitted in a document to the Depart	ent of State Annual R or Officer or 11 above) affirms t	hat the facts state	d herein are true and that he or
. 017 155 1/2	Hurne H. Papagranahis (Typed or printed name and capacity of person			

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ANALYTICS CONSULTING CORP.

DOS ID Number: 2556021

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 09/22/2000

Statement Status: PAST DUE DATE

Statement Due Date: 09/30/2018

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 15, 2022 at 01.18 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100001877613 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov