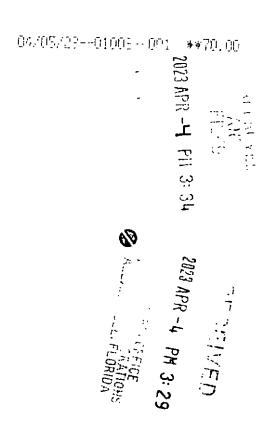
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(Requestor's Name)
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COVER LETTER

	ition Section 1 of Corporations			
SUBJECT: _	argas Premier Corporate (Consultants, Inc.		
Jobseci	Nam	e of corporation	must include suffix	
Dear Sir or Mad	lam:			
"Certificate of E	Application by Foreign (Existence," or "Certifica d foreign corporation to	te of Good Stand	ing" and check are sub	
Please return all	correspondence concer	ming this matter	o the following:	
David A. Vargas				
	·	Name of P	erson	
Vargas Premier C	Corporate Consultants, Inc			
		Firm/Comp	pany	
8654 Brooklin Pl				
		Addre	SS	
Tallahassee, FL 3	2312			
		City/State an	d Zip code	
david.vargas@vp				
	E-mail addre	ess: (to be used fo	or future annual report r	notification)
For further info	rmation concerning this	matter, please ca	11:	
David A. Vargas		571 at () 275-3427 Daytime Telep	
Name o	of Person	Area Code	Daytime Telep	hone 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	
	_	DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status &

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.

Various Densities Computer Committeets Inc.

2. Delaware (State or country under the law of which it is incorporated) (FEI number, if applicable) (FEI number, if applicable) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 8654 Brooklin PI Tallahassee, FL 32312 (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Name: David A. Vargas S654 Brooklin PI David A. Vargas POFfice Address: 8654 Brooklin PI	(If name unavails	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida	<u>—</u> a)			
(State or country under the law of which it is incorporated) 4. \frac{11/14/2022}{(Date of incorporation)} \frac{5}{(Date of duration, if other than perpetual)} 6. \frac{N/A "Transacting in interstate commerce" per 607.1501 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. \frac{8654 Brooklin Pl Tallahassee, FL 32312}{(Principal office street address)} (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: \frac{David A. Vargas}{S654 Brooklin Pl}	Delaware	. 92	21215587				
(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 8654 Brooklin Pl Tallahassee, FL 32312 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David A. Vargas		y under the law of which it is incorporated)	(FEI number, if applicable)	_			
6. N/A "Transacting in interstate commerce" per 607.1501 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 8654 Brooklin PI Tallahussee, FL 32312 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David A. Vargas		5					
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(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 8654 Brooklin Pl Tallahassee, FL 32312 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David A. Vargas	6. N/A "Transactin	ig in interstate commerce" per 607.1501					
(Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David A. Vargas				_			
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David A. Vargas 8654 Brooklin Pl	7. 8654 Brooklin Pl	Tallahussee, FL 32312					
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David A. Vargas 8654 Brooklin Pl		(Principal office	street address)				
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: David A. Vargas 8654 Brooklin Pl							
8654 Brooklin Pl		(Current mailing address, if different)					
8654 Brooklin Pl	8. Name and stree	et address of Florida registered agent: (P.O. I	Box NOT acceptable)				
8654 Brooklin Pl	Name:	David A. Vargas	<u> </u>				
Office Address.	Office Address:	8654 Brooklin Pl					
Tallahassee Florida 32312		Tallahassee	Florida 32312	ب <u>ب</u> د،			
(City) Florida 32312 (Zip code)		(City)	(Zip code)	Ē			

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 Claudia Arakelian David A. Vargas □ Chairman Name: □Chairman 8160 Blue Quill Trl 8654 Brooklin PL Address: ☐ Vice Chairman ☐ Vice Chairman Address: Tallahassee, FL 32312 Tallahassee, FL 32312 Director □ Director □ President □President ☐ Vice President □Vice President Treasurer □ Treasurer □ Secretary □ Secretary Other ____ □Other _____ □Other _____ □Other _____ Hovik Arakelian Milan Ozdinec Name: □ Chairman Name: □ Chairman 8160 Blue Quill Trl 1702 Wickham Way Address: □ Vice Chairman Address: □ Vice Chairman Tallahassee, FL 32312 Crofton, MD 21114 Director □ Director □President President □Vice President □Vice President ☐ Treasurer ☐ Treasurer □ Secretary □ Secretary Assist Treasurer

Other ☐Other _____ □Other _____ ☐Other _____ Vanessa Vargas Name: _____ □ Chairman ☐ Chairman Name: 900 N Stuart St Apt 1622 Address: □ Vice Chairman Address: □ Vice Chairman Arlington, VA 22203 □ Director □Director □President □President ☐ Vice President □Vice President _ □ Treasurer □ Secretary □ Treasurer ■ Secretary ☐Other _____ □Other _____ ☐Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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

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

s.817.155, F.S.

David A. Vargas, CEO





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

DELAWARE, DO HEREBY CERTIFY "VARGAS PREMIER CORPORATE CONSULTANTS,

INC." 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-EIGHTH DAY OF

MARCH, A.D. 2023.

Authentication: 203016527

Date: 03-28-23