# F24000005550

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: VirtualATM Corp.			
., 0 ., 0		of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certi:	iclosed "Application by Foreign C ficate of Existence," or "Certificate referenced foreign corporation to t	of Good Star	ding" and check are subm	
Please	return all correspondence concern	ing this matter	to the following:	
Michae	el Hlavsa			
	· · · · · · · · · · · · · · · · · · ·	Name of	Person	
Virtual	ATM Corp.			
	· · · · · · · · · · · · · · · · · · ·	Firm/Con	pany	
9821 F	airway Cove Lane			
		Addre	288	
Plantat	ion, FL 33324			
		City/State a	nd Zip code	<del>-</del>
mhlays	a(@comcast.net			
	E-mail addres	s: (to be used f	or future annual report not	tification)
For fur	ther information concerning this n	natter, please c	all:	
Michae	l Hlavsa	954	868-7366	
	Name of Person	Area Cod	Daytime Telepho	one Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
Plyase r	ed is a check for the following amonake check payable to: FLORIDA D .00 Filing Fee S78.75 Filin Certificate	EPARTMENT og Fee & □		S87.50 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.

(ti name unavan	able in Florida, enter alternate corporate name ad	dopted for the purpose of transacting bus	iness in Florida
Pennsylvania	3 8	342025 (FEI number, if applicable)	
(State or countr	$\frac{1}{1}$ y under the law of which it is incorporated)	(FEI number, if applicat	ole)
10/4/2017	5		
(Date	of incorporation) 5.	(Date of duration, if other than p	erpetual)
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150.	Florida, if prior to registration) 2. F.S., to determine penalty liability)	
	ve Lane. Plantation FL 33324		
<del></del>	(Principal office	e street address)	
	(Current mailing	address, if different)	26,
			<u> </u>
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	<u> </u>
Name and stree	et address of Florida registered agent: (P.O. Michael Hlavsa	Box NOT_acceptable)	2024 OCT 1.0
Name:		Box NOT_acceptable)	
	Michael Hlavsa	Box NOT acceptable)  Florida 33324	Ci 10 Ali 8: 08

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.

(Registered agent's signature)

## **Pennsylvania Department of State**

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: VirtualATM Corp

Request Type: Subsistence Certificate Issuance Date: October 05, 2024

**Receipt No.:** 001246402

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: October 04, 2017

Status: Active

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

VirtualATM Corp

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth

Men Sehm

Verify this certificate online at www.file.dos.pa.gov