Qualification/Tax Lien Section TO: **Division of Corporations** 

SUBJECT: DEVI, INC

(Name of corporation - must include suffix)

600000046

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

| VIRGILIO VALOR                     | 700001630637           |
|------------------------------------|------------------------|
| (Name of Person)                   | W95522175              |
| (Firm/Company)                     |                        |
| 10295 Collins Ave #716             |                        |
| (Address)<br>BAL HARBOUR, FL 33154 | 19 8 AME               |
| (City/State/Zip)                   | <b>60</b> <del>2</del> |

Should you need to call someone concerning this matter, please call:

VIRGILIO VALOR at (305) 867-7961 (Name of Person) (Area Code & Daytime Telephone Number)

### **COURIER ADDRESS:**

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St Tallahassee, FL 32399

#### MAILING ADDRESS:

Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 8, 1995

VIRGILIO VALOR 10295 COLLINS AVE #716 BAL HARBOUR, FL 33154

SUBJECT: DEVI, INC. Ref. Number: W95000022175

We have received your document for DEVI, INC. 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 name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence, 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 (904) 487-6958.

## Lee Rivers Document Examiner

# Letter Number: 595A00049816

. .

.

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 11, 1995

VIRGILIO VALOR DEVI D/B/A MR. JERRY'S ICE CREAM, INC. 10295 COLLINS AVE #716 BAL HARBOUR, FL 33154

SUBJECT: MR. JERRY'S ICE CREAM, INC. Ref. Number: W95000022175

We have received your name resolution for the above named corporation. Please note that you must still submit a certificate of existence, as described in our letter of November 8, 1995, a copy of which is attached. Please also note that we are returning your original application so that you may list the duration in the highlighted section. Please correct and return this original application with your certificate of existence. We are also returning to you the certified copy you submitted, as it is not the same as the certificate we require.

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 (904) 487-6958.

Lee Rivers Document Examiner

Letter Number: 995A00053500

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## **RESOLUTION OF BOARD OF DIRECTORS**

| I, the undersigned                                                                                                                                     | , do hereby certify                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| that this Resolution of the Board of Directors of $\underline{DEVIIINC}$<br>a corporation duly organized and existing under the laws of the State of _ | DELAWARE,                                    |
| was duly adopted on <u>Nov 29</u> , $1995$ .                                                                                                           |                                              |
| Resolved, that DEVI, INC                                                                                                                               | , organized 22                               |
| and existing in the State of                                                                                                                           | of GRAD                                      |
| name <u>Mr JERRY'S ICE CREAM, INC</u>                                                                                                                  | or use in Florida. III<br>OC USE in Florida. |
| Dated: Nov 29 1995                                                                                                                                     |                                              |

Signature of at least one director

## 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:

| 1. DEVE. INCORPORATEO<br>(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words<br>abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural<br>person or partnership if not so contained in the name at present.) | or                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 2. <u>DELAWARE</u><br>(State or country under the law of which it is incorporated)<br>3. <u>23 - 2679109</u><br>(FEI number, if applicable)                                                                                                                                                                     |                             |
| 4. 02/26/91<br>(Date of Incorporation)<br>(Duration: Year corp. will cease to exist or "perpet                                                                                                                                                                                                                  | ual")                       |
| 6. UDDN ON QUALITING (Detended of the component of perper<br>(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.)                                                                                                                                                   |                             |
| 7 10295 Collins AVE #716 BAL HARBOUL, FL 33154                                                                                                                                                                                                                                                                  | SECRETA<br>VISION OF        |
| (Current diatong sources)                                                                                                                                                                                                                                                                                       | LED<br>RY OF STO<br>CORPORA |
| (Purpose(a) of corporation authorized in home state or country to be carried out in the state of Florida)                                                                                                                                                                                                       | IE                          |
| 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box <u>NOT</u><br>acceptable)<br>Name: <u>Vigilio</u> Valoe                                                                                                                                                                      |                             |
| Office Address: 3759 NW 16 57 Bay 16                                                                                                                                                                                                                                                                            |                             |
| Image: The Law DERIALE , Florida , 33311 (Zip Code)   10. Registered agent's acceptance:   Having been named as registered agent and to accept service of process for the above stated                                                                                                                          |                             |

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.



11. 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.

.

| 2. Name:                                                                       | and addresses of of acceptable)                                            | ficers and/or                               | directors: (                                         | Street addres                             | I ONLY- P | O, Box   |                                         |   |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------|-------------------------------------------|-----------|----------|-----------------------------------------|---|
|                                                                                | • •                                                                        |                                             |                                                      | 1. A. |           |          |                                         |   |
|                                                                                | CTORS (Street ad                                                           | •                                           |                                                      |                                           | •         |          |                                         |   |
|                                                                                | <u></u>                                                                    |                                             |                                                      |                                           |           |          | -                                       |   |
| _                                                                              |                                                                            |                                             |                                                      |                                           |           |          | - ·                                     |   |
|                                                                                | man:                                                                       |                                             |                                                      |                                           |           |          |                                         |   |
| Address:                                                                       | <u>.                                    </u>                               |                                             | <u></u>                                              |                                           |           | <u> </u> | •                                       |   |
| <br>virector: _                                                                |                                                                            |                                             |                                                      | _ <u></u>                                 |           | ,        | ·                                       |   |
|                                                                                |                                                                            |                                             |                                                      |                                           |           |          | <b>-</b> .                              |   |
| -                                                                              |                                                                            | - <u>-</u>                                  |                                                      |                                           |           |          | - ·                                     |   |
| irector:                                                                       |                                                                            |                                             |                                                      |                                           |           |          | -                                       |   |
|                                                                                |                                                                            |                                             | ·                                                    | ······                                    |           |          | -                                       |   |
|                                                                                | <u></u>                                                                    |                                             |                                                      |                                           |           |          | -<br>. '                                |   |
|                                                                                |                                                                            |                                             |                                                      |                                           |           |          | -<br>• <sup>•</sup>                     |   |
| ddress:                                                                        |                                                                            | ·····                                       |                                                      |                                           |           |          | -<br>-                                  |   |
| ddress:<br><br>. OFFIC:                                                        |                                                                            | s only- P. O.                               | Box NOT                                              |                                           |           |          | -<br>. '<br>-                           |   |
| ddress:<br><br>. OFFIC:<br>resident:                                           | ERS (Street addres                                                         | <b>is only- P. O.</b><br>VALOR              | . Box NOT                                            | acceptable)                               |           |          | -<br>. '<br>-                           |   |
| ddress:<br>. OFFIC<br>resident:<br>ddress:                                     | ERS (Street addres                                                         | <b>s only- P. O.</b><br>VALOR               | • Box NOT<br>+ 716                                   | acceptable)                               |           |          | -                                       |   |
| ddress:<br>. OFFIC:<br>resident:<br>ddress:                                    | ERS (Street address<br>Vircilio J. V<br>10295 collin                       | K only-P.O.<br>VALOR<br>IS AVE 1<br>R, FL 3 | <b>Box NOT</b><br># 716<br>33154                     | acceptable)                               |           |          | - '<br>- '                              |   |
| ddress:<br>. OFFIC:<br>resident:<br>ddress:<br>ice Preside                     | ERS (Street address<br>Virgiljo J. V<br>10295 collin<br>BAL HARBOU         | R, FL                                       | <b>Box NOT</b><br># 716<br>33154                     | acceptable)                               |           |          | -<br>-<br>-                             |   |
| ddress:<br>. OFFIC:<br>resident:<br>ddress:<br>ice Preside                     | ERS (Street address<br>Virgilio J.<br>10295 collin<br>BAL HARBOU           | R, FL                                       | <b>Box NOT</b><br># 716<br>33154                     | acceptable)                               |           |          | - · · · · · · · · · · · · · · · · · · · |   |
| ddress:<br>OFFIC:<br>ddress:<br>ice Preside<br>ddress:                         | ERS (Street address<br>VIRGILIO J.<br>10295 Collin<br>BAL HARBOU<br>ent:   | NALOR<br>VALOR<br>IS AVE 1<br>R, FL         | <b>Box NOT</b><br># 716<br>33154                     | acceptable)                               |           |          | - · · · · · · · · · · · · · · · · · · · |   |
| ddress:<br>OFFIC<br>resident:<br>ddress:<br>ice Preside<br>ddress:<br>cretary: | ERS (Street address<br>Virgiljo J. V<br>10295 collin<br>BAL HARBOU         | NALOR<br>VALOR<br>IS AVE 1<br>R, FL         | <b>Box NOT</b><br># 716<br>33154                     | acceptable)                               |           |          | - '<br>- '                              |   |
| ddress:<br>OFFIC<br>resident:<br>ddress:<br>ice Preside<br>ddress:<br>cretary: | ERS (Street address<br>VIRGILIO J.<br>10295 Collin<br>BAL HARBOU<br>ent:   | NALOR<br>VALOR<br>IS AVE 1<br>R, FL         | <b>Box NOT</b><br># 716<br>33154                     | acceptable)                               |           |          | - '<br>- '                              |   |
| ddress:                                                                        | ERS (Street address<br>VIRGILIO J. V<br>10295 Collin<br>BAL HARBOU         | IS ONLY P. O.<br>VALOR<br>IS AVE 1<br>R, FL | Box NOT<br>+ 716<br>33154                            | acceptable)                               |           |          | -                                       |   |
| ddress:                                                                        | ERS (Street address<br>VIRGILIO J. V<br>10295 Collin<br>BAL HARBOU         | IS ONLY P. O.<br>VALOR<br>IS AVE 1<br>R, FL | Box NOT<br>+ 716<br>33154                            | acceptable)                               |           |          | -<br>-<br>-                             |   |
| ddress:                                                                        | ERS (Street address<br>VIRGILIO J. V<br>10295 Collin<br>BAL HARBOU<br>ent: | IS ONLY P. O.<br>VALOR<br>IS AVE 1<br>R, FL | • Box NOT<br>+ 716<br>33154                          | acceptable)                               |           |          | -                                       |   |
| ddress:                                                                        | ERS (Street address<br>VIRGILIO J. V<br>10295 Collin<br>BAL HARBOU<br>ent: | IS ONLY P. O.<br>VALOR<br>IS AVE 1<br>R, FL | • Box NOT<br>+ 716<br>33154                          | acceptable)                               |           |          | - · · · · · · · · · · · · · · · · · · · |   |
| ddress:                                                                        | ERS (Street address<br>VIRGILIO J. V<br>10295 Collin<br>BAL HARBOU         | IS ONLY P. O.<br>VALOR<br>IS AVE 1<br>R, FL | • Box NOT<br>• 716<br>33154<br>33154<br>endum to the | acceptable)                               |           |          | -                                       | - |

Ň •,

۴ t

ł

State of Delaware Office of the Secretary of State



Edward J. Freel, Secretary of State

AUTHENTICATION: DATE:

7765577 12-22-95

PAGE

3300

2255768 8300 950305847