

M23000012393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

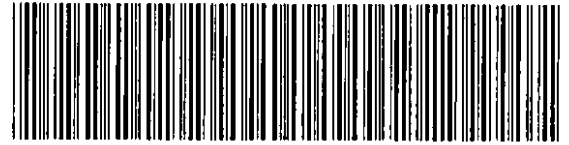
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special instructions to Filing Officer:

W23 000112152 ←  
W23000097435

Office Use Only



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06/23/23--01026--003 \*\*160.00

2023 SEP -1 PM 4:17

2023 SEP -1 PM 4:17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2023

DUNCAN RHEINGANS-YOO  
3613 ALHAMBRA CT  
CORAL GABLES, FL 33134 US

SUBJECT: LIGHTNING BUG TECHNOLOGIES LLC  
Ref. Number: W23000112152

We have received your document for LIGHTNING BUG TECHNOLOGIES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In the last letter you were asked to have the registered agent sign the document but it was not done. Please have someone from the company to sign.,

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.

Andrea Andrews  
Regulatory Specialist II

Letter Number: 823A00018877

RECEIVED

SEP 01 2023

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lightning Bug Technologies LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Duncan Rheingans-Yoo  
Name of Person

Lightning Bug Technologies LLC  
Firm/Company

3613 Alhambra Ct, @  
Address

Coral Gables, FL 33134  
City/State and Zip Code

d.rheingansyoo@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Duncan Rheingans-Yoo at ( 443 ) 875-9800  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Lightning Bug Technologies LLC  
(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLC.")

If name available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC."

2 Delaware (State or country under the law of which foreign limited liability company is organized)

4 June 12, 2023  
Date first transacted business in Florida or prior to registration (see section 605.003, Florida Statutes, for determination of penalty liability)

5 3613 Alhambra Ct  
Street Address of Foreign Office

6 3613 Alhambra Ct  
Mailing Address

Coral Gables, FL 33134

Coral Gables, FL 33134

7 Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name C T Corporation System

Office Address 1200 South Pine Island Road

Plantation 33324, Florida

2023 SEP - 1 PM 4: 17

REC-310

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

By Eric Jensen Corporation System  
Eric Jensen - Assistant Secretary

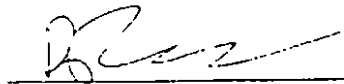
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name <u>Duncan Rheingans-Yoo</u>	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address <u>3613 Alhambra Ct</u>	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized Person	<u>Coral Gables, FL 33134</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name <u>Xiaoyun Zhang</u>	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address <u>3613 Alhambra Ct</u>	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized Person	<u>Coral Gables, FL 33134</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name _____	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address _____	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.



# Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIGHTNING BUG TECHNOLOGIES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock, Secretary of State

7431875 8300

SR# 20233185779

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203912001

Date: 08-07-23