# F1500005328

(Re	questor's Name)		
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SECRETARY OF STATE

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DEC 03 2015 D. BRUCE

12/03/2015

Division of Corporations Deborah Bruce

As per our conversation, I am writing this letter in order to explain the error on question # 6 of the cover letter.

I thought the question asked when I first transacted business in Florida, which is when I was first issued a license by FLOFR.

I did not read it correctly. I have not done business in the State of Florida at all prior to registration.

Please feel free to call me if you need any additional information regarding this matter.

Sincerely,

Louis Natole

President

LN Capital Corp.

SECKETARY OF STATE

SECKETARY OF STATE

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 1, 2015

LOUIS NATOLE 399 KNOLLWOOD RD, STE 7 WHITE PLAINS, NY 10603

SUBJECT: LN CAPITAL CORP. Ref. Number: W15000077454

SEBRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LN CAPITAL 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):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1550.00.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 315A00025098

# **COVER LETTER**

TO:	Registration Sec Division of Corp						
SUBJ	тст.	LN	CAPITAL	CORP.			
SUDJ	ECT:	Name	of corporati	on - mus	t include suffix	******	
Dear S	Sir or Madam:						
"Certing above		e," or "Certificate a corporation to t	of Good S ransact bus	tanding" iness in F	and check are sub lorida.	ct Business in Florida," mitted to register the	,
	S NATOLE		Ü				
			Name	of Person	1		
LN CA	APITAL CORP.					<b>28</b>	
399 K	NOLLWOOD ROA	D SUITE 117	Firm/C	ompany		DRETAR LAHASS	
WHIT	E PLAINS, NY 106	503		dress		Y OF STA	
LNAT	OLE@LNCAPITA	LCORP.COM	City/State	e and Zip	code	*: 22 *: 28 *: 28	
		E-mail addres	s; (to be use	d for fut	ure annual report	notification)	
For fu	rther information	concerning this n	natter, pleas	se call:			
LOUIS	S NATOLE		914	68	3-5626		
	Name of Person	1	at (	ode	Daytime Telep	hone Number	
	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	s:		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7	
Enclos	sed is a check for	the following am	ount:				
\$7	0.00 Filing Fee	□ \$78.75 Filir Certificate			.75 Filing Fee & cified Copy	\$87.50 Filing Fee Certificate of Sta 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. LN CAPITAL CORP. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp,") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FEI number, if applicable) (State or country under the law of which it is incorporated) 06/01/2006 (Date of duration, if other than perpetual) (Date of incorporation) 03/10/2008 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 399 KNOLLWOOD ROAD SUITE 117 WHITE PLAINS, NY 10603 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) LOUIS NATOLE Name: 3936 WENDY ANNE CIRCLE Office Address: WEST PALM BEACH , Florida (City) (Zip code) 9. Registered agent's acceptance: 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.

(Registered agent's signature)

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.

11. Nam	es and business addresses of officers and/or directors:				
A. DIRI	ECTORS				
Chairman					
			<del></del>		
-					
Vice Chair	man;				
				<del></del>	
			·		
Director:			<u>-</u>		
	·				
•					
Director:					
					·····
B. OFFI	CERS				
President:	LOUIS NATOLE	AR AR	DEC_		
	399 KNOLLWOOD ROAD SUITE 117	SSE	-2	- E - I	
_	WHITE PLAINS, NY 10603	man h had	Ū	£ 9 I	
Vice Presid	lent:	35	2: 2:		
	·	<i>&gt;</i>	N)		
-					
Secretary:					<u> </u>
				· 	
Treasurer:					
Address: _		<del>-</del>			
NOTE: I	f necessary, you may attach an addendum to the application listing additional	officers and/	or dire	ctors.	
12	Jams Natole				
The office are true ar a third deg	Signature of Director or Officer or or director signing this document (and who is listed in number 11 above) affect that he or she is aware that false information submitted in a document to the gree felony as provided for in s.817.155, F.S.  S NATOLE, PRESIDENT	irms that the	facts s t of Sta	stated here	in tes

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

# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LN CAPITAL CORP. was filed on 05/19/2006, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:

A Biennial Statement was filed 01/02/2009.

A Biennial Statement was filed 05/20/2010.

The Biennial Statement is past due.

I further certify that no other documents have been filed by such corporation.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 20th day of November two thousand and fifteen.

Anthony Giardina

Executive Deputy Secretary of State

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