\Box	01174
TIMAN	
(Requestor's Name)	
(Address)	500295112715
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	02/06/1701029003 **78.75
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	FILED SECREDARY OF STATISTICS TALLANASSEE TUDRIDA
Office Use Only	
	D. SCOTT Mar 1 3 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2017

TWYNAB CLEMENTS 333 E SHORT ST, SUITE 220 LEXINGTON, KY 40507

SUBJECT: SPACE TANGO INC Ref. Number: W17000011196

We have received your document for SPACE TANGO INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 617A00003626



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www.sunbiz.org

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

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.

Space Lango, Inc			
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," "(orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	1,"
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transactin	g business in Florida)
2. Kent	ucky3.	61-1336389	
(State or countr	ucky 3 3 3 3	(FEI number, if ap	plicable)
	tober 28th, 1998 5.		
(Date	of incorporation)	(Date of duration, if other	than perpetual)
6,	2011	- 2017 00	
	(Date first transacted business in Fle (SEE SECTIONS 607.1501 & 607.1502,		ty)
7.	333 E Short St, Suite 220, I	exington KY 40507	
		ffice address)	
<u></u>	(Current mailing a	ddress, if different)	
8. Name and stree	t address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	
Name:	Twyman Clements		
Office Address:	505 Odyssey Way, Suite 148		
	Exploration Park	, Florida 32953	
	(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.

Names and business addresses of officers and/or directors:
DIRECTORS
virman. Kris Kimol
tress: 333 E Short St, Suite 220, Lexington KY 40507
e Chairman:
Iress:
ector:
iress:
ector:
ress:
OFFICERS
sident: <u>Twyman Clements</u>
ress: 333 E Short St, Suile 220, Lexington Ky 40507
e President:
iress:
retary:
ress:
isurer:
ress:
TE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
Signature of Director or Officer
Signature of Director or Officer officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein true and that he or she is aware that false information submitted in a document to the Department of State constitutes ird degree felony as provided for in s.817.155, F.S.
Twyman Clements -CEO & President

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

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 187037 Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx.to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

SPACE TANGO. INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 271B, whose date of incorporation is October 28, 1998 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have here unto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 9th day of March, 2017, in the 225th year of the Commonwealth.

Distant

FILED



Alison Lundergan Grimes Secretary of State Commonwealth of Kentucky 187037/0464061