F17000001884

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Danish Number)
(Document Number)
Certified Copies Certificates of Status
Capaigl Instructions to Filing Officer
Special Instructions to Filing Officer:

Office Use Only



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DEPARTMENT OF STATE

O SIMMONS APR 27 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 602295 8134528

AUTHORIZATION

COST LIMIT : \$\\70.00

ORDER DATE: April 16, 2017

ORDER TIME: 12:39 PM

ORDER NO. : 602295-001

CUSTOMER NO: 8134528

FOREIGN FILINGS

NAME: LANGLITER INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Langliter Inc.			
	tion - must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good sabove referenced foreign corporation to transact but	Standing" and check are submitted to register the		
Please return all correspondence concerning this ma	atter to the following:		
William K. Krause			
Name	of Person		
Langliter Inc.			
Firm/C	Company		
253 NE 2nd St, Apt 1906			
A	ddress		
Miami, FL, US, 33132			
Cíty/Sta	te and Zip code		
william.k.krause@gmail.com			
E-mail address: (to be us	ed for future annual report notification)		
For further information concerning this matter, plea	ise call:		
William Krause 908	7646959		
Name of Person Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy 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.

	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORAT	TION,"
(If name unaveils	able in Florida, enter alternate corporate nan	na adopted for the purpose of trace	uoting business in Florida
Dolaware	able in Florida, cinci alternate corporate han	ne adopted for the purpose of transi	acting business in Fiorida)
2. Ctota as country	y under the law of which it is incorporated)	3. (FEI number,	:fR11-2
04-13-2017		Da	п аррисавіе)
4		5. Perpetual (Duration: Year corp. will cea	
Date	of incorporation)	(Duration: Year corp. will cea	se to exist or "perpetual")
6	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 Apt 1906, Miami,FL , 33132, US	s in Florida, if prior to registration) 1.1502, F.S., to determine penalty li	ability)
7	(Principal office a	44	
253 NF 2nd St	Apt 1908, Miami, FL, US, 33132	duress)	
	(Current mailing a	ddress)	
	•	,	70°3 70°
8. Name and stree	et address of Florida registered agent: (l	P.O. Box NOT acceptable)	S. S.
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		<u> </u>
Office Address.	Tallahassee	 32301 Florida	51.9:06
	(City)	, Florida (Zip code)	-
designated in this further agree to co duties, and I am f	ent's acceptance: ed as registered agent and to accept se. application, I hereby accept the appoin omply with the provisions of all statute amiliar with and accept the obligations Corporation Service Company	ntment as registered agent and is relative to the proper and con	agree to act in this capacity. In the performance of my gent. Melissa Zendei
_ <u>B</u>	By: (D. in 1)		Asst. Vice President
	(Registered agent's	s signature)	
10. Attached is a	certificate of existence duty authenticate	ed, 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. Names and business addresses of officers and/or directors: A. DIRECTORS William Krause Chairman: 253 NE 2nd St, Apt 1906, Miami, FL 33132 Vice Chairman: Address: __ **B. OFFICERS** William Krause 253 NE 2nd St, Apt 1906, Miami, FL 33132 Address: Vice President: William Krause Secretary: 253 NE 2nd St, Apt 1906, Miami, FL 33132 Address: William Krause Treasurer: 253 NE 2nd St, Apt 1906, Miami, FL 33132 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 13. William Krause

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LANGLITER INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LANGLITER INC."

WAS INCORPORATED ON THE THIRTEENTH DAY OF APRIL, A.D. 2017.

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

6378311 8300 SR# 20172694136 Authentication: 202413754

Date: 04-21-17