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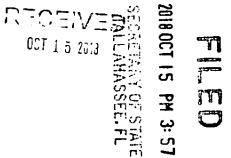
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Document Number)
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S. PRATHER

COVER LETTER

то:	Registration Sec Division of Corp				
CHIDI	ECT:	TENB	LTD.		
SUBJ	EC1.	Name of corpo	oration	- must include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence	on by Foreign Corporation," or "Certificate of Goo corporation to transact	d Stand	ding" and check are sul	nct Business in Florida," bmitted to register the
	return all correspo ANDER NEKRITIN	ondence concerning this	matter	to the following:	
		Na	me of F	Person	
TENB	Ltd.				
		Firm	n/Comj	oany	
16823	NEWARK BAY RI)			
			Addre	SS	
DELR	AY BEACH, FL 334	146			
		City/S	State an	d Zip code	, · · · · · · · · · · · · · · · · · · ·
ALNE	K34@GMAIL.CON	ſ			
-		E-mail address: (to be	used fo	or future annual report	notification)
For fu	rther information o	oncerning this matter, p	lease ca	all:	
Vadim Mats		917 at (309-0805	
	Name of Person	,	a Code	Daytime Telep	phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	0.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fce, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

the law of which it is incorporated) 5	opted for the purpose of transacting business in Florida) 25024 IBC 2018 (FEI number, if applicable) (Date of duration, if other than perpetual)	
lorida, enter alternate corporate name aderenadines 3	opted for the purpose of transacting business in Florida) 25024 IBC 2018 (FEI number, if applicable) (Date of duration, if other than perpetual) lorida, if prior to registration) 2, F.S., to determine penalty liability)	
the law of which it is incorporated) 5	(FEI number, if applicable) (Date of duration, if other than perpetual) lorida, if prior to registration) 2, F.S., to determine penalty liability)	
the law of which it is incorporated) 5	(FEI number, if applicable) (Date of duration, if other than perpetual) lorida, if prior to registration) 2. F.S., to determine penalty liability)	
the law of which it is incorporated) 5	(FEI number, if applicable) (Date of duration, if other than perpetual) lorida, if prior to registration) 2. F.S., to determine penalty liability)	
poration) 'ED N/A (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 P.D., DELRAY BEACH, FL 33446 (Principal	lorida, if prior to registration) 2. F.S., to determine penalty liability)	
poration) 'ED N/A (Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 P.D., DELRAY BEACH, FL 33446 (Principal	lorida, if prior to registration) 2. F.S., to determine penalty liability)	
(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 P.D., DELRAY BEACH, FL 33446 (Principal	2, F.S., to determine penalty liability)	
(SEE SECTIONS 607.1501 & 607.1502 RD., DELRAY BEACH, FL 33446 (Principal	2, F.S., to determine penalty liability)	
ss of Florida registered agent: (P.O.	address, if different)	
XANDER NEKRITIN	nox <u>itor</u> acceptable)	
3 NEWARK BAY RD.		
RAY BEACH	33446 . Florida	
(City)	(Zip code)	
ntion, I hereby accept the appointme with the provisions of all statutes rel	nt as registered agent and agree to act in this cape ative to the proper and complete performance of n	city. I
	CAY BEACH (City) ceptance: egistered agent and to accept service ution, I hereby accept the appointme with the provisions of all statutes rela	(City) , Florida 33446 (Zip code)

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. Nan	nes and business addresses of officers and/or directors:		
A. DIR	ECTORS		
Chairman	1:		
Address:			
Vice Cha	irman:		
Address:			
	ALEXANDER NEKRITIN		
Director:	16823 NEWARK BAY RD		
Address:	DELRAY BEACH, FL 33446		
	ALIAKSANDR SKALABANAU		
Director:	270 MARIETTA STREET		
Address:			
	ENGLEWOOD CLIFFS. NJ 07632		
B. OFF	TICERS		
President	t:		
Address:			
Vice Pres	sident:		
Secretary	7	910	
	A	CT	
	ASSO.	21	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		<u>နာ</u> ယ	
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or direct	ණ ::ගස්.	
	Signature of Director or Officer		
The office are true a third d	Signature of Director or Officer cer or director signing this document (and who is listed in number 11 above) affirms that the facts s and that he or she is aware that false information submitted in a document to the Department of Stat legree felony as provided for in s.817.155. F.S. EXANDER NEKRITIN - DIRECTOR	tated h	

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



