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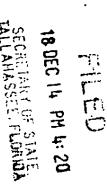
(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Little Apple Consulting</u> , Name of corporation	Inc
Name of corporation	- must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for a "Certificate of Existence," or "Certificate of Good Standardove referenced foreign corporation to transact business	ding" and check are submitted to register the
Please return all correspondence concerning this matter	to the following:
Lauren Katz	
Name of F	Person
Little Apple Consulting Inc.	
Little Apple Consulting, Ine Firm/Com	oany
1911 F. Konnedy Blud. #225	
1211 E. Kennedy Blud. #225 Addre	SS
Tampa, FL 33602 City/State and	d Zip code
Louren @ litrie apple bronding. com E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please ca	
, , , , , , , , , , , , , , , , , , ,	
Lauren Katz at (908	770 - 80 23
	Daytime Telephone Number
•	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	Tandidassee, 11, 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\Boxed{\sigma}\$ \$78.75 Filing Fee \$\Boxed{\sigma}\$ Certificate of Status	\$78.75 Filing Fee & S87.50 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.

	ple Consulting, Inc.		
	orporation; must include "INCORPORA	ATED," "COM	PANY," "CORPORATION,"
"Inc" "Co" "C	orp." "Inc." "Co." or "Corp.")		
	2		
Little A	opie Branding, Inc.		for the purpose of transacting business in Florida)
(If name unavaila	ible în Florida, enter alternate corporate	name adopted f	for the purpose of transacting business in Florida)
2		- 20	
2. New yor	<u>K</u>	3. <u>38 -</u>	(FEI number, if applicable)
(State or country	y under the law of which it is incorporat	led)	(FEI number, if applicable)
4 9/6/17		5	
(Date	of incorporation)		(Date of duration, if other than perpetual)
(1.222			(is all of datation, it office than perpetual)
6			
	(Date first transacted bus	iness in Florida.	if prior to registration)
	(SEE SECTIONS 607.1501 &	.607.1502, F.S.,	to determine penalty liability)
	0: 11035 T		
1. 1211 E. Ker	nedy Blud #200 Tam	pa, FL 3	3 60 2 address)
	(Principal office	address)
	Curren	t mailing addres	s if different)
	(Curren	r mannig address	o, it directily
8. Name and stree	t address of Florida registered agen	t: (P.O. Box]	NOT acceptable)
Name:	Lauren Karz		
Office Address:	1211 E. Kennedy Blud	· #225	
	_		
	Tampa (City)	F	lorida <u>33602</u>
	(City)		(Zip code)
9. Registered age			
Having been nam	ed as registered agent and to accep	t service of pr	ocess for the above stated corporation at the place
designated in this	application, I hereby accept the ap	pointment as:	registered agent and agree to act in this capacity. I
further agree to co	omply with the provisions of all sta	tutes relative t	to the proper and complete performance of my
duties, and I am f	amiliar with and accept the obligat	ions of my por	sition as registered agent.

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.

A. DIRECTORS Chairman: Lauren Katz Address: 1211 E. Kenne dy Blud. #225 Tampa, FL 33602 Vice Chairman: Address: _____ Address: _____ Address: ______ **B. OFFICERS** President: Lauren Katz Address: 1211 E. Kennedy Blua #235 Tampa FL 33402 Vice President: Address: _____ Secretary: ______ Address: _____ Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. Laur Xan Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Lauren Katz, Owner

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

11. Names and business addresses of officers and/or directors:

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LITTLE APPLE CONSULTING, INC. was filed on 09/06/2017, 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.



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 eighteen.

Whitney Clark

Deputy Secretary of State

Who king Clark

State of New York Department of State } ss:

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