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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

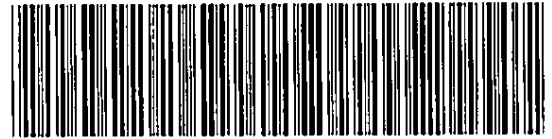
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U.S. DEPARTMENT OF THE TREASURY
INTERNAL SECURITY

10/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2019

MICHAEL LAPINA
3703 SHIMMERING OAKS DRIVE
PARRISH, FL 34219

SUBJECT: LAPINA, LTD
Ref. Number: W19000064230

We have received your document for LAPINA, LTD and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate designation. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

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.

Stacy Prather
Regulatory Specialist III

Letter Number: 919A00014200

2019 JUL 16 PM 4:25

RECEIVED

KATSIS & COMPANY, LTD.

CERTIFIED PUBLIC ACCOUNTANTS

1440 MAPLE AVENUE, SUITE 5B

LISLE, IL 60532

(630) 968-6811 FAX (630) 968-5356

EMAIL: katsiscpa@gmail.com

August 27, 2019

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Ref. Number W19000064230

Dear Sir or Madam,

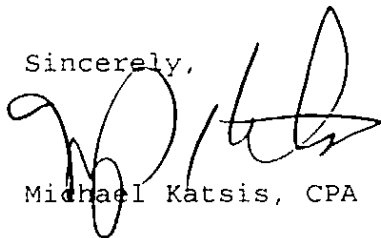
Pursuant to the Divisions of Corporations requirements Lapina, LTD has changed it's name to Lapina INC.

Enclosed please find the following supporting documents:

- Copy of Letter Number 919A00014200
- Copy of Michael Lapina's original application
- A new Cover Letter and Application by Foreign Corporation for Authorization to Transact Business in Florida for Lapina INC.
- Current Certificate of Good Standing from the State of Illinois for Lapina INC.

We respectfully request that the taxpayer's new application for Lapina INC to transact business in Florida be approved. Thank you for your consideration.

Sincerely,



Michael Katsis, CPA

CC: Michael Lapina

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAPINA INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL LAPINA

Name of Person

LAPINA INC.

Firm/Company

3703 SHIMMERING OAKS DRIVE

Address

PARRISH, FL 34219

City/State and Zip code

MIKELAPINA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL LAPINA

Name of Person

at (630) 244-7306

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
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.*

1. LAPINA INC.

(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)

2. ILLINOIS

(State or country under the law of which it is incorporated)

3. 45-4519962

(FEI number, if applicable)

4. 02/07/2012

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 3703 SHIMMERING OAKS DRIVE, PARRISH, FL 34219

(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MICHAEL LAPINA

Office Address: 3703 SHIMMERING OAKS DRIVE

PARRISH

(City)

, Florida 34219

(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.

X Michael Lapina
(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. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: MICHAEL LAPINA

Address: 3703 SHIMMERING OAKS DRIVE

PARRISH, FL 34219

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: MICHAEL LAPINA

Address: 3703 SHIMMERING OAKS DRIVE

PARRISH, FL 34219

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

X 12. Michael Lapina
Signature of Director or Officer

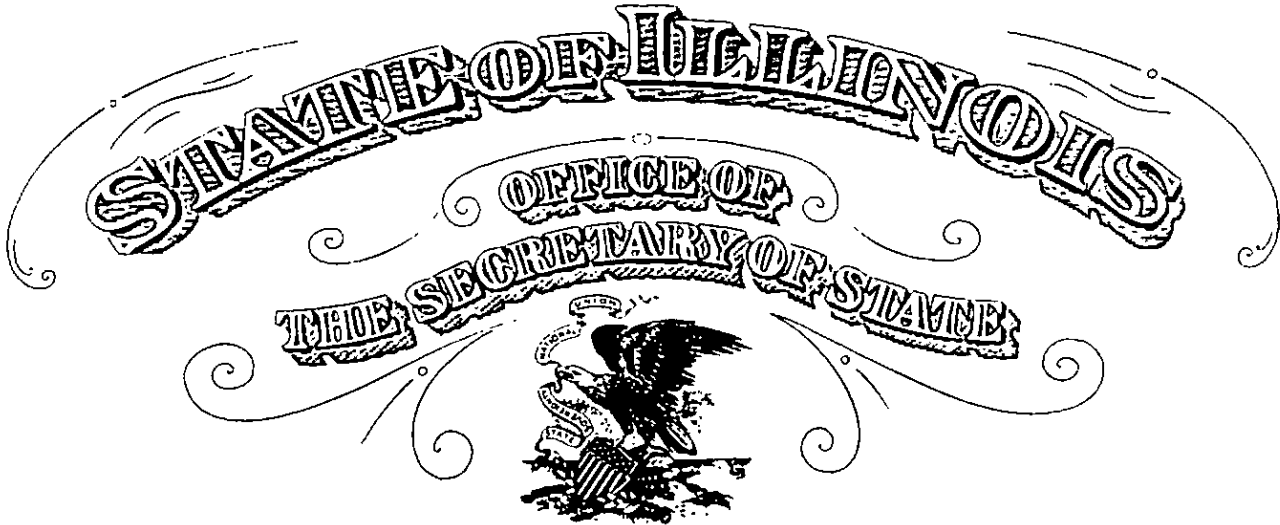
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. MICHAEL LAPINA, PRESIDENT

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

File Number

6828-884-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

LAPINA INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 07, 2012, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 26TH
day of AUGUST A.D. 2019 .

Jesse White

SECRETARY OF STATE