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## FOREIGN PROFIT/NONPROFIT CORPORATION. LIVE MUSIC TUTOR INC.

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Help

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

LIVE MUSIC TU	rporation, must include "INCORPORATED,"	"COMPANY," "CORPORATIO	N,"
"Inc.," "Co.," "Co	rp," "Inc," "Co," or "Corp.")		
(If name unavaila	ble in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ng business in Florida)
Delaware	3		
(State or country	under the law of which it is incorporated)	(FEI number, if a	pplicable)
4/5/2018	5.		
	of incorporation)	(Date of duration, if othe	r than perpetual)
	2/27/20		
	(Date first transacted business in	Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liabi	lity)
1170 Tree Swallo	w Road, Suite 333, Winter Springs, FL 32708	<u> </u>	
	(Princip	al office address)	
			<u> </u>
	(Current mailin	g address, if different)	
	·		<b>2</b> 2
Name and stree	<u>t address</u> of Florida registered agent; (P.C		288
Name and <u>stree</u>	·		200 FEB
Name:	<u>t address</u> of Florida registered agent; (P.C		201 FG 2
Name:	t address of Florida registered agent; (P.C Veorp Services, Lt.C 5011 South State Road 7, Suite 106	), Box <u>NOT</u> acceptable)	27 27
Name:	t address of Florida registered agent: (P.C Veorp Services, LLC 5011 South State Road 7, Suite 106 Davie	). Box <u>NOT</u> acceptable)	27 A
Name:	t address of Florida registered agent; (P.C Veorp Services, Lt.C 5011 South State Road 7, Suite 106	), Box <u>NOT</u> acceptable)	21 A #
Name: ffice Address:	t address of Florida registered agent: (P.C. Veorp Services, LLC 5011 South State Road 7, Suite 106 Davie (City)	). Box NOT acceptable) , Florida(Zip code)	27 A 版 22 27 A 版 22
Name: ffice Address:  Registered age	t address of Florida registered agent: (P.C. Veorp Services, Lt.C. 5011 South State Road 7, Suite 106  Davie (City)  ent's acceptance: ed as registered agent and to accept serviced.	). Box NOT acceptable) , Florida 33314(Zip code)  [ce of process for the above sta	27 A # 22 ted corporation at the
Name: ffice Address:  Registered age aving been namesignated in this	t address of Florida registered agent: (P.C. Veorp Services, LL.C.)  5011 South State Road 7, Suite 106  Davie  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appoints omply with the provisions of all statutes in	33314, Florida	ted corporation at the gree to act in this capolete performance of n
Name:  Office Address:  Registered age  Having been namesignated in this	t address of Florida registered agent: (P.C. Veorp Services, Lt.C. 5011 South State Road 7, Suite 106  Davie (City)  ent's acceptance: ed as registered agent and to accept serviced.	33314, Florida	ted corporation at the gree to act in this capolete performance of n
Name:  Office Address:  Registered age  Having been nam  designated in this  wither agree to c	t address of Florida registered agent: (P.C. Veorp Services, LLC)  5011 South State Road 7, Suite 106  Davie  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appointment of the provisions of all statutes is amiliar with and accept the obligations of	33314, Florida	ted corporation at the gree to act in this capolete performance of n
Name: Office Address: Registered age Having been nam lesignated in this	t address of Florida registered agent: (P.C. Veorp Services, LL.C.)  5011 South State Road 7, Suite 106  Davie  (City)  ent's acceptance: ed as registered agent and to accept service application, I hereby accept the appoints omply with the provisions of all statutes in	33314, Florida	ted corporation at the gree to act in this capolete performance of n

<sup>10.</sup> 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:
Address:
Vice Chairman.
Address:
Ted Gee Director:
Address:
Winter Springs, FL 32708
Director:
Address:
B. OFFICERS
Ted Gee President:
Address:
Winter Springs, FL 32708
Vice President
Address:
Secretary.
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. 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. Ted Gee  (Typed or printed name and capacity of person signing application)

## Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIVE MUSIC TUTOR 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 TWELFTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIVE MUSIC TUTOR INC." WAS INCORPORATED ON THE FIFTH DAY OF APRIL, A.D. 2018.

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

Authentication: 202371010

Date: 02-12-20