# F2000001615

(Requestor's Name)			
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



800342101978

03/25/20--01005--022 \*\*78.7

2020 HAR 25 PH 12: 20

MAR 3 1 2020 M. SOLOMON

### **COVER LETTER**

Division of Corporation	ns			
SUBJECT: LITE MOTION IN	NC.			
Name of corporation - must include suffix				
Dear Sir or Madam:				
The enclosed "Application by Is "Certificate of Existence," or "cabove referenced foreign corpo	Certificate of Good	Standing":	and check are subr	
Please return all correspondence	e concerning this m	atter to the	following:	
LYUBA YOUNG				
	Nam	e of Person		
COLLEGE, TAX & RETIREME	NT STRATEGIES,	LLC		
	Firm/	Company (		
3110 SPRING GLEN RD				
	ř	Address		
JACKSONVILLE, FL 32207				
LITEMOTIONINC@GMAIL.CO	·	ate and Zip	code	
<del>-</del>	ail address: (to be u	sed for futu	ire annual report n	otification)
For further information concern	ung this matter, ple	ase call:	·	
LYUBA YOUNG	at (	, 396	6-6777	
Name of Person	Area	Code	Daytime Teleph	none Number
STREET/COURIER Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ns see , Suite 810		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations
<del>-</del>		□ \$78.7	FATE 75 Filing Fee & fied Copy	S87.50 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.

LITE MOTION INC.

(If name unavail:	· ·	opted for the purpose of transacting business in Florida)	
NEW YORK	NEW YORK 3. 82-4659690		
	y under the law of which it is incorporated)	(FEI number, if applicable)	
MARCH 06, 20	<u>18</u> 5	(Date of duration, if other than perpetual)	
		(Date of duration, if other than perpetual)	
JANUARY 1, 2			
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502		
700 MILL CREE	K RD UNIT 2, JACKSONVILLE, FL 32211		
	(Principal office	street address)	
	(Current mailing a	ddress, if different)	_
		Lingua Tanga Tanga	, , , , , , , , , , , , , , , , , , ,
. Name and stree	t address of Florida registered agent: (P.O. E	<u>τ</u> ι	2
	COLLEGE, TAX & RETIREMENT STRATE	EG S	,
Name:			_
	3110 SPRING GLEN RD	्राप्ता सम्बद्ध	-
Name: Office Address:	3110 SPRING GLEN RD  JACKSONVILLE	— 32207 Florida 32207	. Z U.J
			1117. 20

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.

*	
F	
r	
₽.	

A. DIRECTORS					
□Chairman	DENYS LIASHCHUK Name:	□Chairman	Name: ANGELICA FIGUEROA		
□Vice Chairman	700 MILL CREEK RD UNIT 2	□Vice Chairman	Address: 700 MILL CREEK RD UNIT 2		
□Director	JACKSONVILLE, FL 32211	Director	JACKSONVILLE, FL 32211		
President		□President			
□Vice President		■Vice President			
□Secretary	□Treasurer	□ Secretary	□Treasurer		
Other	Other	□Other	□Other		
□Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President	· <del>-</del> ···	□Vice President			
□Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other	□Other	Other	□Other ± m A		
□Chairman	Name:	□Chairman	25 F		
	Address:		Address:		
□Director		□Director	••••		
□President		□President			
□ Vice President		□Vice President			
☐ Secretary	□Treasurer	□Secretary	□Treasurer		
□Other	Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  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

ANGELICA FIGUEROA

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

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LITE MOTION INC. was filed on 03/06/2018, 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 17th day of March two thousand and twenty.

Bradan C Hylra

Brendan C Hughes
Executive Deputy Secretary of State