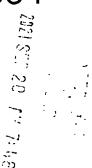
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)  Certified Copies Certificates of Status					
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# CORPORATE ACCESS, \_\_\_\_

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INC.

236 East 6th Avenue. Tallahassec, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

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### 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.

(Enter name of	corporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION,"	,	
"Inc.," "Co.," "C	Corp," "Inc," "Co," or "Corp.")			
(If name unavai	lable in Florida, enter alternate corporate name ac	lopted for the purpose of transacting b	business in Florida)	
New York	3.			
(State or country under the law of which it is incorporate		ted) (FEI number, if applicable)		
08/23/2016	5			
(Date	5	(Date of duration, if other tha	e of duration, if other than perpetual)	
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	(200 200 110/92 007,1201 90 007,120)	2, f.S., to determine penalty liability)		
49 BOKER CT.,	APT 6G, BROOKLYN, NY, United States, 1122  (Principal office			
, 49 BOKER CT	APT 6G, BROOKLYN, NY, United States, 1122 (Principal office	3		
	APT 6G, BROOKLYN, NY, United States, 1122 (Principal office	estreet address) address, if different)	7621 St. 20	
3. Name and stre Name:	APT 6G, BROOKLYN, NY, United States, 1122 (Principal office (Current mailing) et address of Florida registered agent: (P.O.	estreet address) address, if different)		
3. Name and stre	APT 6G, BROOKLYN, NY, United States, 1122  (Principal office  (Current mailing  et address of Florida registered agent: (P.O. SERGIY TYSHCHENKO  1821 NE 40TH CT APT 305  POMPANO REACH	estreet address) address, if different)	7621 St. 20	

#### 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.



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	SERGIY TYSHCHENKO	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	POMPANO BEACH FL 33064	□Director						
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		□ 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		□Vice President						
□Secretary	☐Treasurer	□ Secretary	□Treasurer					
□Other	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.								
12SERGITY TYSCHENKO								
	Signature of Director of							
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. Sergiv TV Sh Chenk O (Typed or printed name and capacity of person signing application)								

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** 

MOON CAT 2000, INC.

DOS ID Number:

4997658

**Entity Type:** 

DOMESTIC BUSINESS CORPORATION

Entity Status:

**EXISTING** 

Date of Initial Filing with DOS:

08/23/2016

Statement Status:

CURRENT

Statement Due Date:

08/31/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

CERTIFICATE OF INCORPORATION

Date of Filing:

08/23/2016

Entity Name:

MOON CAT 2000, INC.

Document Type:

. .... ....

BIENNIAL STATEMENT

Date of Filing:

09/17/2021

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 20, 2021 at 10:50 A.M.

ROSSANA ROSADO, Secretary of State

Brandon C Heyles

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100000378864 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>