Fadooc	<u>)000664</u>
(Requestor's Name) (Address)	
(Address)	800378136178
(City/State/Zip/Phone #)	12/20/2101030022 **70.00
PICK-UP WAIT MAIL (Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	ELED 22 Jah 26 PM 3-35 12 Jah 2 Contraction 12 Jah

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Office Use Only

COVER LETTER

TO:	Registration Section
	Division of Corporations

· ,

SUBJECT: L.E.S Editorial 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:

c/o Kara Morrone

	Nam	e of Person		
Professional Tax Allianc	e			
	Firm/	Company		
5940 S Rainbow Blvd				
		ddress	,,	
Las Vegas, NV 89118				
	City/Sta	tte and Zip code		
lindsay.silberman@gmai	•	ŝ		
		sed for future annual repo	rt notification)	
For further information	concerning this matter, plea	ase call:		
Kara Morrone	at (²¹²	371-3062		
Name of Perso			lephone Number	
STREET/CO	URIER ADDRESS:	MAILING	ADDRESS:	
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
The Centre of Tallahassee			P.O. Box 6327	
2415 N. Monre Tallahassee, F	be Street, Suite 810 L=32303	Tallahassee	e. FL 32314	
	the following amount: le to: FLORIDA DEPARTM	ENT OF STATE		
\$70.00 Filing Fee		□ \$78.75 Filing Fee &	2 🔲 \$87.50 Filing Fee.	
2	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy	





FLORIDA DEPARTMENT OF STATE Division of Corporations

December 29, 2021

KARA MORRONE 5940 S RAINBOW BLVD LAS VEGAS, NV 89118

SUBJECT: L.E.S. EDITORIAL INC. Ref. Number: W21000162144

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux Regulatory Specialist II

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Letter Number: 021A00031401

JAN 2 6 2022

www.sunbiz.org

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.

Florida)

1.	L.E.S. Editorial	Inc.		
		orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	," "CON	APANY," "CORPORATION,"
	(If name unavail	able in Florida, enter alternate corporate name	adopted	for the purpose of transacting business in F
2.	New York	3	47-450	1138
4.	(State or countr	3. y under the law of which it is incorporated)		(FEI number, if applicable)
4.	07/07/2015	5.		
	(Date	of incorporation)		(Date of duration, if other than perpetual)
6.				
		(Date first transacted business in (SEE SECTIONS 607.1501 & 607.1	n Florida 502, F.S	a, if prior to registration)
7	6365 Collins Ave	, Apt 1708, Miami Beach, FL 33141	,.	
/. <u></u>		(Principal off	ice <u>stree</u>	t address)
	<u></u>	(Current mailir	ng addre:	ss, if different)
8.	Name and stree	et address of Florida registered agent: (P.C	D. Box	<u>NOT</u> acceptable)
	Name:	Lindsay Silberman		
0	ffice Address:	6365 Collins Ave, Apt 1708		
		Miami Beach	ī	Florida <u>33141</u> (Zip code)
		(City)	, ,	(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.



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.L. ECTORS	•	•	

DChairman	Lindsay Silberman Name:	Chairman	Matthew Stevens Name:
□Vice Chairman	Address:6365 Collins Ave, Apt 1708	🗇 Vice Chairman	6365 Collins Ave, Apt 1708 Address:
Director	Miami Bcach, FL 33141	Director	Miami Beach, FL 33141
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		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.

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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. Lindsay Silberman, President

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J, RODRIGUEZ, Acting 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:	L.E.S. EDITORIAL INC.
DOS ID Number:	4785727
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	07/07/2015
Statement Status:	CURRENT

٢.

Statement Due Date:

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

07/31/2023



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 14, 2021 at 02:54 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100000773023 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <u>http://ecorp.dos.ny.gov</u>