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(Requesto	's Name)
(Address)	
(Address)	
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	t Number)
Certified Copies C	Certificates of Status
Special Instructions to Filing C	Officer:

Office Use Only



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Incorporating Services, Ltd.

incserv^o

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

FROM Melissa Moreau mmoreau@incserv.com 850.656.7953

	···		
REQ	JEST	DATE	3/3/2022

850-245-6051

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 1014434

ORDER ENTITY____LUKKA, INC.

PLEASE	PERFORM	THE FOLL	OWING SEF	RVICES:		
LUKK	A, INC. (F	<u>'L)</u>				

File the attached foreign qualification document

	rall rall	2022	
NOTES:	>2	=	-1
\$70.00 Authorized	H N	AR	*****
Email address for annual report reminders: drogers@stellarcs.com	ARY ARY	င်	ī
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RETURN/FORWARDING INSTRUCTIONS:		=	
ACCOUNT NUMBER: I20050000052	<u> </u>		
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Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

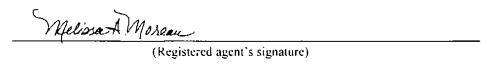
Thursday, March 3, 2022 Page 1 of 1

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.

Lukka, Inc.			
(Enter name o	of corporation; must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp,")	" "COMPANY," "CORPORATION,"	
(If name unav	railable in Florida, enter alternate corporate name	adopted for the purpose of transacting b	ousiness in Florida)
2. Delaware	3		
(State or cou	intry under the law of which it is incorporated)	(FEI number, if applie	cable)
4. March 5, 201	4 5	Perpetual	
(D	(Date of incorporation) 5. (Date of duration, if other that		n perpetual)
6. January 28, 2	022		
7	k Dr., Unit 300, Naples, FL 34108 (Principal offi	ce <u>street</u> address)	2022 HAR -3 SECRETARY TALLATIASS
	(Current mailin	ng address, if different)	-3 MII: 36 ARY OF STATE (SSEE, FLORID)
8. Name and st	reet address of Florida registered agent: (P.C). Box NOT acceptable)	ORIE OR
Name:	Incorporating Services, Ltd.		
Office Address	1540 Glenway Drive		
	Tallahassee	, Florida	
	(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.

, DocuSign Envelope ID: BA5B384C-2C9F-4035-AC79-61FDFE129EFF

A. DIRECTORS Nickolai Ogurtsov Robert Materazzi Chairman Name: Chairman 800 Laurel Oak Dr., Unit 300, 800 Laurel Oak Dr., Unit 300, □ Vice Chairman Address: □Vice Chairman Address: Naples, FL 34108 Naples, FL 34108 ■ Director Director □ President □ President □Vice President □ Vice President □ Secretary ☐Treasurer ☐ Treasurer □ Secretary CEO Other _ □Other____ Other _____ □Other Joseph Capone Name: ___ Emil Woods □ Chairman □ Chairman 800 Laurel Oak Dr., Unit 300, 800 Laurel Oak Dr., Unit 300, □Vice Chairman Address: Address: □ Vice Chairman Naples, FL 34108 Naples, FL 34108 ■ Director Director □President □President □ Vice President ☐ Vice President □ Secretary □Treasurer □ Secretary □ Treasurer ☐Other _____ □Other ____ □Other _____ □Other _____ Kinga Bosse Brandon Sang □Chairman Name: ☐ Chairman Name: 800 Laurel Oak Dr., Unit 300. 800 Laurel Oak Dr., Unit 300, □ Vice Chairman Address: _ □Vice Chairman Address: Naples, FL 34108 Naples, FL 34108 Director □ Director □President □President ☐ Vice President ☐ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer CFO ■Other CSO 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. Robert Materassi Signature of Fricons Signature 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.

, Robert Materazzi, CEO



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LUKKA, 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 THIRD DAY OF MARCH, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUKKA, INC." WAS INCORPORATED ON THE FIFTH DAY OF MARCH, A.D. 2014.

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

Authentication: 202815715

Date: 03-03-22