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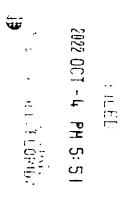
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Office Use Only



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# **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: LCD Group Inc			
Name of c	orporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpo "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Standi	ng" and check are submitt	usiness in Florida," ed to register the
Please return all correspondence concerning	this matter to	o the following:	
Crystal Kadakia			
	Name of Po	erson	
LCD Group Inc			
	Firm/Comp	any	
369 SW Ada Ct			
	Addres	S	
Fort White, FL 32038			
	ity/State and	l Zip code	
crystal@learningclusterdesign.com			
E-mail address: (t	o be used fo	r future annual report notif	Tication)
For further information concerning this matt	er, please ca	II:	
Crystal Kadakia	404	Code Daytime Telephone Number	
Name of Person	Area Code	Daytime Telephon	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEPA \$70.00 Filing Fee \$78.75 Filing For Certificate of \$10.00 Filing Fee	ARTMENT ( Tee &		☐ \$87.50 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.

LCD Grou	ıp Inc				
(Enter nam	ne of corporation; must include "INCORPORA o.," "Corp." "Inc." "Co," or "Corp.")	TED	," "COMPANY," "CORPORATION,"	_	
(If name u	navailable in Florida, enter alternate corporate	name	adopted for the purpose of transacting business in Florida)	-	
2. Delaware		3			
2. (State or country under the law of which it is incorporated)		<u>-d)</u>	(FEI number, if applicable)	-	
4. March 28t	th 2022	5	88-1734450		
(Date of incorporation)			(Date of duration, if other than perpetual)		
6. April 1st 2	2022				
	(SEE SECTIONS 607.1501 & edge of the control of the	607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liability) lice street address)	_	
		 maili	ng address, if different)	,	
8. Name and Nar Office Address	d <u>street address</u> of Florida registered agent:  Crystal Kadakia  369 SW Ada Ct		2022 2022	: 'CC'C	
	( 7.5 /				

## 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.

(Registered agent's signature)

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 Crystal Kadakia □Chairman □Chairman Name: Name: 369 SW Ada Ct ☐Vice Chairman Address: Address: \_\_\_\_\_ ☐ Vice Chairman Fort White, FL 32038 □ Director □ Director □President □ President ☐ Vice President ☐ Vice President ☐Treasurer □ Secretary □ Secretary □Treasurer CEO CEO □Other \_\_\_\_\_ □Other \_\_\_\_\_ Other □ Chairman Name: Chairman Name: \_\_\_\_\_\_ □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □ President □President ☐ Vice President □Vice President □Treasurer □Treasurer □ Secretary □ Secretary Other \_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_\_ ☐ Chairman Name: □ Chairman Name: \_\_\_\_\_ □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: Director □ Director □President □ President □ Vice President □Vice President □Treasurer □ Secretary □Treasurer □ Secretary □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. 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. Crystal Kadakia, CEO



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

DELAWARE, DO HEREBY CERTIFY "LCD GROUP 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 FOURTEENTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LCD GROUP INC."

WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 204389539

Date: 09-14-22