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S. FRANKLIN DEC \_ 9 2022

### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SKY SCRIPT INC.  Name of corporation - must include suffix
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:
LEONID VALP
Name of Person
Firm/Company
220 PASED TERRAZA Suite 204
Address
220 PASEO TERRAZA, Suite 204  Address  St. AUGUSTINE, FL 32095  City/State and Zip code  LVALP 6 NETSCAPE, NET  E-mail address: (to be used for future annual report notification)
City/State and Zip code
LVALP G NETSCAPE. NET
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  Area Code  Daytime Telephone Number
Name of Person Area Code Daytime Telephone 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 DEPARTMENT OF STATE  \$\int\text{2}\text{ \$70.00 Filing Fee}   \text{\$78.75 Filing Fee} \text{ \$ \$87.50 Filing Fee},  \text{Certificate of Status}  \text{Certified Copy}  \text{Certified Copy}  \text{Certified Copy}

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(In the mame of corporation; must include "INCORPORATED," "COMPANY." "CORPORATION."  "lac.," "Co.," "Corp." "Inc.," "Co," or "Corp.")  (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  (In the second of the purpose of transacting business in Florida)  (In the second of the purpose of transacting business in Florida)  (In the second of the purpose of transacting business in Florida)  (In the second of the purpose of transacting business in Florida)  (In the second of the purpose of transacting business in Florida)  (In the second of the purpose of transacting business in Florida)  (In the second of the purpose of transacting business in Florida)  (In the second of the purpose of transacting business in Florida)  (In the second of the purpose of transacting business in Florida (PEI number, if applicable)  (In the second of the purpose of transacting business in Florida, if prior to registration)  (In the second of the purpose of the second of the purpose	EGISTER A FOR S	REIGN CORPORATION	TO TRANSACT BU	SINESS IN THE ST	TATE OF FLORIDA.	
(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  220 PASEO FRADA Sylve (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: LEONID HALA  (City)  St. Augustive and to accept service of process for the above stated corporation at the plasing addresd in this application. I hereby accept the appointment as registered agent and agree to act in this capacity of the appointment as registered agent and agree to act in this capacity of the appointment as registered agent and agree to act in this capacity of the appointment as registered agent and agree to act in this capacity of the appointment as registered agent and agree to act in this capacity of the appointment as registered agent and agree to act in this capacity of the appointment as registered agent and agree to act in this capacity of the appointment as registered agent and agree to act in this capacity of the appointment as registered agent and agree to act in this capacity of the appointment as registered agent and agree to act in this capacity of the appointment as registered agent and agree to act in this capacity of the appointment as registered agent and agree to act in this capacity of the appointment as registered agent and agree to act in this capacity of the appointment as registered agent and agree to act in this capacity of the appointment as registered agent.	(Enter name of co	orporation; must include "l?	NCORPORATED,"	COMPANY," "COI	RPORATION,"	<del></del>
(State or country under the law of which it is incorporated)  (FEI number, if applicable)  (FEI number, if applicable)  (FEI number, if applicable)  (FEI number, if applicable)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  220 PASEO FERRALA  (Current mailing address)  (Current mailing address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  (Current mailing address, if different)  Name:  (Current mailing address, if different)  Name:  (Current mailing address, if different)  (Current mailing address)  (Current maili	(If name unavaila	able in Florida, enter alterna	ite corporate name ad-	opted for the purpose	of transacting business	in Florida)
(State or country under the law of which it is incorporated)  (FEI number, if applicable)  (FEI number, if applicable)  (FEI number, if applicable)  (Date of incorporation)  (Date of incorporation)  (Date of incorporation)  (Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  220 PASEO FERRALA  (Current mailing address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: LEOND JALA  (City)  (City), Florida 32095  (City code)  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the pleasing address in this application. I hereby accept the appointment as registered agent and agree to act in this capacity or the agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	NE	N YORK	3.	900	909225	_
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  220 PASEO FRAZA SUITE 20 Y  St. AUGUSTINE (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: LEOWIA HALA  ffice Address: 220 PASEO TERRAZA, Suite 20 Y  (City)  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the pleasing address in this application. I hereby accept the appointment as registered agent and agree to act in this capacitather agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	(State or country	y under the law of which it	is incorporated)	(FEI :	number, if applicable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  220 PASEO FRADA SUITE (Principal office street address)  (Current mailing address, if different)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: LEOWID HALA  ffice Address: 220 PASEO TERRADA, Suite 204  (City)  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the plusignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity of the agency of the agency of the obligations of my position as registered agent.	11/1	16/2012	5			<u> </u>
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:     ERRAZA   Suffeed address   Elasto	(Date	of incorporation)		(Date of durat	tion, if other than perpet	ual)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:     ENDIRED   PASEO   ERRALA   Suite 20 4	10/0	01/2022				
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: LEONID LALA  flice Address: 220 PASEO TERRARA, Suite 20 4  St. Augustive Time and to accept service of process for the above stated corporation at the plasting been named as registered agent and to accept service of process for the above stated corporation at the plasting been named as registered agent and agree to act in this capacity riher agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	7	(Date first tra (SEE SECTIONS	insacted business in F 607.1501 & 607.1502	lorida, if prior to regi !, F.S., to determine p	istration) penalty liability)	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: LEONID LALA  ffice Address: 220 PASEO TERRARA, Suite 20 4  St. Micusty Plorida (Zip code)  Registered agent's acceptance: (City)  Registered agent are as registered agent and to accept service of process for the above stated corporation at the places of in this application, I hereby accept the appointment as registered agent and agree to act in this capacity of the agency of the appointment as registered agent and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	220	PASEO	TERRA	2A S	este 20	4
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: LEOWID HALP  Thice Address: 220 PASEO TERRAZA, Suite 20 4  St. Augusti, WE, Florida 32095  (City) (City) (Zip code)  Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the place of this application, I hereby accept the appointment as registered agent and agree to act in this capacitative agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	St. Ac	:1 GUSTINE	: (Principal office	street address)	FL 3209	25
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:     EONID   ALA			(Current mailing	address, if different)		>
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:     EONID   ALA						62
Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the plant of this application, I hereby accept the appointment as registered agent and agree to act in this capacitative agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	Name and stree	et address of Florida regis	stered agent: (P.O. 1	Box <u>NOT</u> acceptab	ole)	<u> </u>
Registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated corporation at the plant of this application, I hereby accept the appointment as registered agent and agree to act in this capacitative agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	Name:	LEONIL	1 UAL	<u> </u>		
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nd I am familiar with and accept the obligations of my position as registered agent.	Registered age aving been nam signated in this	ent's acceptance: ned as registered agent an application, I hereby acc	nd to accept service cept the appointme	of process for the out	above stated corporati ent and agree to act in	this capacity.
(Registered agent's signature)						oj mj 441
(Registered agent's signature)		.7		7		
(Registered agent's signature)					2	
	_	(R	egistered agent's sign	ature)		
. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application	A 440 = 1 = 2 * ·					,

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

A. DIRECTORS							
Chairman Name: ALEXEY BULLANG		<del></del>					
Uvice Chairman Address: 220 PASES TERRAPA	J □Vice Chairman Address:						
Director SF, Augustine, Fl32095 Director							
V V V V V V V V V V V V V V V V V V V							
□Vice President	□Vice President						
□ Secretary □ Treasurer	□Secretary	Treasurer					
□Other	□Other	Other					
□Chairman Name: <u>LEONIA VALP</u> □Vice Chairman Address: <u>220 PASEO TERRA</u>							
Director <u>#209</u>	□Director						
President St. Augustine FC	□President						
□Vice President3209 ∫ □	□Vice President						
□Secretary □Treasurer	□Secretary	☐Treasurer					
□Other	□Other	□Other					
□Chairman Name:	□Chairman Name:	~					
□Vice Chairman Address:	□Vice Chairman Address:						
□ Director	□ Director	2					
□ 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							
13. LEONID JALA DIRECTOR  (Typed or printed name and capacity of person signing application)							

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, 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: SKY SCRIPT INC.

**DOS ID Number:** 4321071

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 11/16/2012

Statement Status: CURRENT Statement Due Date: 11/30/2022

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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 November 09, 2022 at 11:10 A.M.

Brandon C Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002472678 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>