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COVER LETTER

	stration Section ion of Corporations			
SUBJECT:	Richard Keith Langham. Inc			
Sebelle 1.	Name	of corporation	- must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Stan	ding" and check are sul	act Business in Florida," bmitted to register the
Please return	all correspondence concerni	ng this matter	to the following:	
	Name of Person			
	Joseph P. Beck			
		Firm/Com	pany	
Joseph P. Beck CPA, LLC				ىرى -:-
		Addre	ss	Ċ.
	421 Seventh Ave. Suite 1110 New York, NY 10001			
		City/State ar	nd Zip code	2
		jbeck@jpb-fi		
	E-mail address	: (to be used for	or future annual report	notification)
For further inf	ormation concerning this m	atter, please ca	all:	
Joseph P. Beck at (212) 279-2914 Name of Person Area Code Daytime Telephone N				
Name	e of Person	Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303		Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a confidence of the Please make the \$70.00 Filing	theck for the following amovek payable to: FLORIDA DE graph of \$78.75 Filing Certificate o	CPARTMENT g Fee & ==	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee.Certificate of StatusCertified 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.

· CHARD KEI	TH LANGHAM INC.			
(Enter name of co "Inc.," "Co.," "Co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavaila	ible in Florida, enter alternate corporate name a	idopted for the purpose of transacting busi	ness in Florida)	
, New York		13-3852139		
New York (State or country under the law of which it is incorporated)		(FEI number, if applicable)		
004114005				
(Date of incorporation)		(Date of duration, if other than perpetual)		
		Florida, if prior to registration) 02, F.S., to determine penalty liability)		
245	East 60th Street, New York NY 10022			
	(Principal offic	e <u>street</u> address)	1813	
	(Current mailing	g address, if different)		
Name and stree	t_address of Florida registered agent: (P.O	. Box <u>NOT acceptable)</u>	<u></u>	
Name:	Registered Agent Solutions, Inc.		r;)	
ffice Address:	155 Office Plaza Dr. Suite A	— —	r: 00	
	Tallahassee	, Florida		
	(City)	(Zip code)		
aving been name signated in this c rther agree to co	nt's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointme mply with the provisions of all statutes re with and accept the obligations of my pos-	ent as registered agent and agree to a lative to the proper and complete part	nd landlater comments	
	Naomi Osto	sowitz .		
	(Registered agent's sig	nature)		
). Attached is a c	ertificate of existence duly authenticated, n	ot more than 90 days prior to delivery	of this application	

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS		·		
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 18 East 67th Street, Apt 1B	□Vice Chairman		
□Director	New York, NY 10065	Director		
President		□President		
□ Vice President		□Vice President		
□Sceretary	□Treasurer	□ Secretary		Treasurer
Other	Other	□Other		lOther
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	☐ Treasurer	☐ Secretary	<u></u>	Treasurer
□Other	Other	Other		Other
□ Chairman	Name:	□Chairman	Name:	~
□Vice Chairman	Address:	□Vice Chairman		
Director		□Director		
□President		□President		
□Vice President		□Vice President		
□ Secretary	□Treasurer	□Secretary		Treasurer
□Other	Other	□Other		Other
Important Notice: Uindividuals may be	Use an attachment to report more than six (6). The anadded to the index when tiling your Flyrida Depart	/ attachment will be imaged ament of State Annual Rep	for reporting purpor	ses only. Non-indexed
12.	_ / W / (M	N		
	Signature of Directo	or or Officer		
The officer or direct she is aware that falls, 817,155, F.S.	tor signing this document (and who is listed in nun se information submitted in a document to the Dep	above) affirms that partment of State constitute	the facts stated her s a third degree feld	ein are true and that he or ony as provided for in
13	Richard Keith Langham			
	(Tripud or printed name and area in a			

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: RICHARD KEITH LANGHAM INC.

DOS ID Number: 1955025

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 09/11/1995

Statement Status: CURRENT

Statement Due Date: 09/30/2023

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 January 06, 2023 at 03:30 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hydro

By Brendan C. Hughes Executive Deputy Secretary of State

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