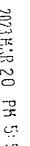
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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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### **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	Luck Grove Telecom Inc.			
SUBJECT		of corporation - n	nust include suffix	·
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign Co of Existence," or "Certificate need foreign corporation to to	of Good Standin	g" and check are submit	
Please return	all correspondence concerni	ng this matter to	the following:	
Raymond Lue	ning			
		Name of Per	son	
Luck Grove T	elecom Inc.			
		Firm/Compar	ny	
610 E Zack St	, Suite 510			
		Address		
Tampa FL 336	502			
		City/State and	Zip code	
rluening@lucl	(grove.com			
<del></del>	E-mail address	: (to be used for	future annual report noti	fication)
For further in	aformation concerning this m	natter, please call:		
Raymond Lue	aymond Luening 315 559-3450			
Nam	ne of Person	Area Code	Daytime Telephon	e Number
Regi: Divis The ( 2415	EET/COURIER ADDRES stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 shassee, FL 32303		MAILING ADD Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	ion orations
	check for the following amounted payable to: FLORIDA Dolling Fee	EPARTMENT OF Sec. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		\$87.50 Filing Fee, Certificate of Status &

## 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.

	able in Florida, enter alternate corporate na				
New York  (State or country under the law of which it is incorporated)		3. 32-			
(State or country under the law of which it is incorporated) 07/11/2008  (Date of incorporation)		)	(FEI number, if applicable)		
		5			
			(Date of duration, if other	r than perpetual)	
	(Date first transacted busine (SEE SECTIONS 607.1501 & 60		orida, if prior to registration)  E.S. to determine penalty liabili	ire)	
	(SEE SECTIONS 607.1507 BC 00	7.14/1/2.	1.5. to determine penalty maoni	(())	
610 F Zack St. Si	ute 510 Tampa FL 33602				
610 E Zack St, St	nite 510, Tampa, FL 33602	office s	treet address)		
610 E Zack St, St	nite 510, Tampa, FL 33602 (Principal	office <u>s</u>	treet address)		
610 E Zack St, St	(Principal			20	
610 E Zack St, St	(Principal		treet address) ddress, if different)	2023 H	
	(Principal	ailing ac	ddress, if different)	2023 HAR	
Name and street	(Principal (Current met address of Florida registered agent:	ailing ac	ddress, if different)	2023 HAR 20	
	(Principal  (Current met address of Florida registered agent:  Raymond Luening	ailing ac	ddress, if different)	•	
Name and stree	(Principal (Current met address of Florida registered agent:	ailing ac	ddress, if different)		
Name and street	(Principal  (Current met address of Florida registered agent:  Raymond Luening	ailing ad	ddress, if different)	•	

#### 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							
Chairman	Michael Roberts Name:	□Chairman	Name: Vincent Cioci Name: 120 Madison St, Suite 100 Address:				
□Vice Chairman	Address: 610 E Zack St, Suite 510	□Vice Chairman					
■Director	Tamp, F1, 33602	Director	Syracuse, NY 13202				
□President		■President					
□Vice President		□Vice President					
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
□Other	□Other	□Other	□Other				
	Raymond Luening						
□Chairman	Name:	□Chairman	Name:				
□Vice Chairman	Address: 610 E Zack St	□Vice Chairman	Address:				
■Director	Tampa FL, 33602	□Director	<del></del>				
□President		□President					
□Vice President		□Vice President					
■ Secretary	<b>■</b> Treasurer	☐ Secretary	□Treasurer				
□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				
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 tiling your Florida Department of State Annual Report form.							
12.	Signature of Thrector o	- 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 of 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.							

Raymond Luening, Chief Financial Officer & Secretary-Treasurer

#### 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:** 

LUCK GROVE TELECOM, INC.

DOS ID Number:

3695297

Entity Type:

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

EXISTING

Date of Initial Filing with DOS:

07/11/2008

Statement Status:

CURRENT

Statement Due Date:

07/31/2024

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 February 08, 2023 at 09:57 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100002940070 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>