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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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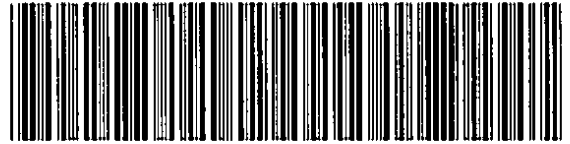
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/28/19 ys

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FONON LASER TECHNOLOGIES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dimitri Nikitin

Name of Person

FONON LASER TECHNOLOGIES, LLC

Firm/Company

1101 N KELLER RD SUITE G1

Address

ORLANDO, FL 32810

City/State and Zip Code

ndg@bellsouth.net

E-mail address: (to be used for future annual report notification)

2019 MAR 18 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Dimitri Nikitin

Name of Contact Person

at (*321*)

Area Code

946-71-29

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. **FONON LASER TECHNOLOGIES, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Laser Photonics, LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **Wyoming**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. **03/08/2019**

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **1101 N KELLER RD SUITE G1**

(Street Address of Principal Office)

ORLANDO, FL 32810

1101 N KELLER RD SUITE G1

6. _____
(Mailing Address)

ORLANDO, FL 32810

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **ICT Investments, LLC**

Office Address: **3217 Yattika Place**

Longwood

(City)

, Florida

32779

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

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2019 MAR 18 PM 12:28
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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: D. Gennadiy Nikitin

☒ Member Address: 1101 N Keller rd Suite G

☐ Authorized Orlando FL 32810

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Wayne Tupuola

☐ Member Address: 1101 N Keller rd Suite G

☐ Authorized Orlando FL 32810

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Tatiana Nikitina

☐ Member Address: 1101 N Keller Rd

☐ Authorized Orlando FL 32810

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

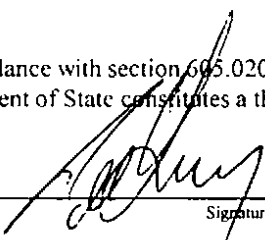
Person _____

☐ 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.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 695.0203 (1) (b), Florida Statutes. I am aware that any 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.



Signature of an authorized person

Dmitri Nikitin

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

FONON LASER TECHNOLOGIES, LLC

is a


Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 8, 2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000845251**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 12th day of March, 2019 at 3:52 PM. This certificate is assigned 030247322.




Secretary of State

Articles of Organization

A set of formal documents filed with the Secretary of State to legally document the creation of a new business entity.



Wyoming Secretary of State

2020 Carey Avenue
Suite 700
Cheyenne, WY 82002-0020
Ph. 307-777-7311

For Office Use Only

WY Secretary of State
FILED: Mar 8 2019 12:18PM
Original ID: 2019-000845251

Limited Liability Company Articles of Organization

I. The name of the limited liability company is:

FONON LASER TECHNOLOGIES, LLC

II. The name and physical address of the registered agent of the limited liability company is:

LEGALINC CORPORATE SERVICES INC.
5830 E 2nd St Ste 8
Casper, WY 82609

III. The mailing address of the limited liability company is:

1101 N KELLER RD SUITE G1
ORLANDO, FL 32810

IV. The principal office address of the limited liability company is:

1101 N KELLER RD SUITE G1
ORLANDO, FL 32810

V. The organizer of the limited liability company is:

INCFIL.COM LLC
17350 STATE HWY 249 #220, HOUSTON, TX, 77064

Signature: MARSHA SIHA

Date: 03/08/2019

Print Name: MARSHA SIHA

Title: ORGANIZER

Email: EFILE1234@INCFIL.COM

Daytime Phone #: (888) 462-3453



Wyoming Secretary of State

2020 Carey Avenue
Suite 700
Cheyenne, WY 82002-0020
Ph. 307-777-7311

- ☒ I am the person whose signature appears on the filing; that I am authorized to file these documents on behalf of the business entity to which they pertain; and that the information I am submitting is true and correct to the best of my knowledge.
- ☒ I am filing in accordance with the provisions of the Wyoming Limited Liability Company Act, (W.S. 17-29-101 through 17-29-1105) and Registered Offices and Agents Act (W.S. 17-28-101 through 17-28-111).
- ☒ I understand that the information submitted electronically by me will be used to generate Articles of Organization that will be filed with the Wyoming Secretary of State.
- ☒ I intend and agree that the electronic submission of the information set forth herein constitutes my signature for this filing.
- ☒ I have conducted the appropriate name searches to ensure compliance with W.S. 17-16-401.

Notice Regarding False Filings: Filing a false document could result in criminal penalty and prosecution pursuant to W.S. 6-5-308.

W.S. 6-5-308. Penalty for filing false document.

(a) A person commits a felony punishable by imprisonment for not more than two (2) years, a fine of not more than two thousand dollars (\$2,000.00), or both, if he files with the secretary of state and willfully or knowingly:

(i) Falsifies, conceals or covers up by any trick, scheme or device a material fact;

(ii) Makes any materially false, fictitious or fraudulent statement or representation; or

(iii) Makes or uses any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry.

- ☒ I acknowledge having read W.S. 6-5-308.

Filer is: ☒ An Individual ☐ An Organization

Filer Information:

By submitting this form I agree and accept this electronic filing as legal submission of my Articles of Organization.

Signature: MARSHA SIHA

Date: 03/08/2019

Print Name: MARSHA SIHA

Title: ORGANIZER

Email: EFILE1234@INCFILE.COM

Daytime Phone #: (888) 462-3453



Wyoming Secretary of State

2020 Carey Avenue

Suite 700

Cheyenne, WY 82002-0020

Ph. 307-777-7311

Consent to Appointment by Registered Agent

LEGALINC CORPORATE SERVICES INC., whose registered office is located at **5830 E 2nd St Ste 8, Casper, WY 82609**, voluntarily consented to serve as the registered agent for **FONON LASER TECHNOLOGIES, LLC** and has certified they are in compliance with the requirements of W.S. 17-28-101 through W.S. 17-28-111.

I have obtained a signed and dated statement by the registered agent in which they voluntarily consent to appointment for this entity.

Signature: **MARSHA SIHA**

Date: 03/08/2019

Print Name: **MARSHA SIHA**

Title: **ORGANIZER**

Email: **EFILE1234@INCFIL.COM**

Daytime Phone #: **(888) 462-3453**

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF ORGANIZATION
FONON LASER TECHNOLOGIES, LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **8th** day of **March, 2019** at **12:18 PM**.

Remainder intentionally left blank.



Filed Date: 03/08/2019

Edward A. Buchanan

Secretary of State

Filed Online By:

MARSHA SIHA

on 03/08/2019