

# H2000000278

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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : VCORP SERVICES, LLC  
Account Number : I20080000067  
Phone : (845) 425-0077  
Fax Number : (845) 818-3588

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## Foreign Limited Liability Company INGWE CAPITAL LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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# State of New York Department of State } ss:

I hereby certify, that INGWE CAPITAL LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/17/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of INGWE CAPITAL LLC was filed on 04/10/2009.

A Biennial Statement was filed 11/03/2010.

A Biennial Statement was filed 11/08/2012.

A Biennial Statement was filed 11/12/2014.

A Biennial Statement was filed 11/17/2016.

A Biennial Statement was filed 11/13/2018.

I further certify, that no other documents have been filed by such Limited Liability Company.



\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 06th day of January  
two thousand and twenty.

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State

2020 JAN 7 4 12:13



# 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. INGWE CAPITAL LLC

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

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

## 3.

(FBI number, if applicable)

## 4.

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

## 5. 44 Lincoln Avenue

(Street Address of Principal Office)

Rye Brook, NY 10573

## 6. 44 Lincoln Avenue

(Mailing Address)

Rye Brook, NY 10573

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

Name: REGISTERED AGENTS INC.

Office Address: 7901 4TH STREET NORTH - SUITE 300

ST PETERSBURG

(City)

, Florida 33702

(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.

*Bill Name*

(Registered agent's signature)

## 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

### Title or Capacity:

### Name and Address:

### Title or Capacity:

### Name and Address:

Member

Henry Klein

Member

Marcy Klein

44 Lincoln Avenue  
Rye Brook, NY 10573

44 Lincoln Avenue  
Rye Brook, NY 10573

(Use attachments if necessary)

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 605.0203 (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.

*Henry Klein*

Signature of an authorized person

Henry Klein

Typed or printed name of signer