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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Lee Innovation Group LTD, Limited Liability Company
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:

Anthony Lee
Name of Person

The Lee Innovation Group LTD, Limited Liability Company
Firm/Company

4735 Riverwood Circle
Address

Sarasota FL, 34231
City/State and Zip Code

anthony@anthonyjlee.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Lee at (303) 945-5282
Name of Contact Person — Area Code — Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. The Lee Innovation Group LTD
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

The Lee Innovation Group, LTD, Limited Liability Company
(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. Colorado
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 12706 Barossa Valley Rd
Colorado Springs, CO 80921
(Street Address of Principal Office)

6. 12706 Barossa Valley Rd
Colorado Springs, CO 80921
(Mailing Address)

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

Name: Anthony Lee

Office Address: 4735 Riverwood Circle

Sarasota (City), Florida 34231 (Zip code)

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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)

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:	Title or Capacity:	Name and Address:
■Manager	Name: Anthony Lee	☐Manager	Name:
☐Member	Address: 4735 Riverwood Circle	☐Member	Address:
☐Authorized	Colorado Springs, CO 80921	☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐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 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 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.

Signature of an authorized person

Anthony Lee

Typed or printed name of signee

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

The Lee Innovation Group Ltd.

is a

Limited Liability Company

formed or registered on 05/09/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161326158 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/30/2021 that have been posted, and by documents delivered to this office electronically through 07/06/2021 @ 10:06:58 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 07/06/2021 @ 10:06:58 in accordance with applicable law. This certificate is assigned Confirmation Number 13280467 .

Jena Griswold

Secretary of State of the State of Colorado

**********End of Certificate**********

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http: www.sos.state.co.us/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http: www.sos.state.co.us click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."

Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

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Colorado Secretary of State
Date and Time: 01/08/2021 07:03 AM
ID Number: 20161326158

Document number: 20211022909
Amount Paid: $60.00

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Periodic Report

filed pursuant to §7-90-301, et seq. and §7-90-501 of the Colorado Revised Statutes (C.R.S)

ID number: 20161326158

Entity name: The Lee Innovation Group Ltd.

Jurisdiction under the law of which the entity was formed or registered: Colorado

1. Principal office street address:
12706 Barossa Valley Rd
(Street name and number)

Colorado Springs | CO | 80921
(City) | *(State)* | *(Postal/Zip Code)*

(Province - if applicable) | United States *(Country - if not US)*

2. Principal office mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) | *(State)* | *(Postal/Zip Code)*

(Province – if applicable) | *(Country – if not US)*

3. Registered agent name: (if an individual) Lee | Anthony | | |
(Last) | *(First)* | *(Middle)* | *(Suffix)*

or (if a business organization)

4. The person identified above as registered agent has consented to being so appointed.

5. Registered agent street address:
12706 Barossa Valley Rd
(Street name and number)

Colorado Springs | CO | 80921
(City) | *(State)* | *(Postal/Zip Code)*

6. Registered agent mailing address:
(if different from above)

(Street name and number or Post Office Box information)

(City) | *(State)* | *(Postal/Zip Code)*

(Province – if applicable) | *(Country – if not US)*

Notice:
Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Lee (*Last*) Anthony (*First*) _____ (*Middle*) _____ (*Suffix*)

12706 Barossa Valley Rd
(*Street name and number or Post Office Box information*)

Colorado Springs (*City*) CO (*State*) 80921 (*Postal/Zip Code*)

_____ (*Province – if applicable*) United States (*Country – if not US*)

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ *and include an attachment stating the name and address of such individuals.)*

Disclaimer:
This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.