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S. FRANKLIN SFP 25 2022

COVER LETTER

TO:

Registration Section

Space Tango SJECT:		of Limited Liability Company	_
			" Carritia
enclosed "Application tence, and check are s	by Foreign Limited Liability Cubmitted to register the above r	Company for Authorization to Transact Business in Florida eferenced foreign limited liability company to transact bus	siness in Fl
se return all correspor	idence concerning this matter to	the following:	
Jeffrey i	Markowitz		
		Name of Person	_
Space T	ango LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	_
611 Wi	nchester Rd.		37
	<u> </u>	Address	े हिं
Lexingt	on, KY 40505		ن <u></u>
	Ci	ity/State and Zip Code	. 9
jmarkowi	tz@spacetango.com		Pu 5: 33
	E-mail address: (to be	used for future annual report notification)	ို သိ
further information co	ncerning this matter, please cal	1:	
Jeffrey Markowi	lz	914 393-5680 at ()	
	Name of Contact Person	Area Code Daytime Telephone Number	_
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
Enclosed is a che	eck for the following amount:	A BATTA CRUT (AC CT A TE	
S125.00 Filing	ck payable to: FLORIDA DEP g Fee	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee	

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

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

name unavailable, enter alternate n	name adopted for the purpose of transacting business in Flor	da. The alternate name must include "Limited Lia	bility Company," "L. L. C," or "LI
Kentucky		84-3437964	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number	er, if applicable)
September 1, 2022			
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determine	gistration) penalty liability)	-
611 Winchester Rd.		SAME	
eet Address of Principal Office)		6. (Mailing Address)	1672 C
Lexington, KY 40505			50
			19
			
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT_acceptable)	. රා . රා
Name:	Alain Berinstain	-	
Office Address:	2405 N. Courtenay Pkwy, Unit 104		
	Merritt Island	32953 , Florida	
	(City)	, Florida(Zip code)	 -

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: Twyman Clements	□Manager	Name:
□Member	Address:	■Member	Address: 611 Winchester Rd.
□Authorized	Lexington, KY 40505	□Authorized	Lexington, KY 40505
Person		Person	
Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	2012
□Other	Other	Other	C
			-
□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.

Jeffrey Markowitz.

Typed or printed name of signee

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 277152

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

SPACE TANGO LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is October 21, 2019 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 8th day of September, 2022, in the 231st year of the Commonwealth.



Michael G. alam

Michael G. Adams Secretary of State Commonwealth of Kentucky 277152/1075207