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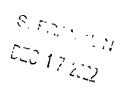




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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | |
|--|--|--|--|--|--|
| SUBJECT: INTERNET PLUS LLC Name of Lin | nited 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 fo | ollowing: | | | | |
| RKUCK ANICON | ٧A | | | | |
| BRUCK ANCON | ne of Person | | | | |
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| INTERNET PLUS | uc | | | | |
| Fim | n/Company | | | | |
| | 22 | | | | |
| 8959 SW 17 LANE # 14: | 27 2 | | | | |
| | Address | | | | |
| | t c ₅ | | | | |
| MIAMI, FL 33196 | | | | | |
| MIAMI, FL 33196 City/State and Zip Code | | | | | |
| E-mail address: (be used | for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | | |
| | | | | | |
| BRUCE ANCONA Name of Contact Person | at (917) 669 - 8772 | | | | |
| Name of Contact Person | Area Code Daytime Telephone Number | | | | |
| Mailing Address: | Street Address: | | | | |
| | Registration Section | | | | |
| Division of Corporations | Division of Corporations | | | | |
| 1.0. 50% 0527 | 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 DEPART! \$\Boxed{1} \$125.00 \text{ Filing Fee} \Boxed{1} \$130.00 \text{ Filing Fee & Certificate of State} | □ \$155.00 Filing Fee & ☑ \$160.00 Filing Fee. Certificate | | | | |

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

| | Junited Liability Company, must include "L | | | ny," "I, L C," or "LLC ") |
|--|---|--|--------------------------------------|---------------------------|
| NEW YORK S (Jurisdiction under the law of wh | TATE nch foreign limited liability company is organized | 3. <u>\$1</u> | 452 6769 (FEI number, il applicab | le) |
| | (Date first transacted business in Florida, if p (See sections 605 0904 & 605,0905, F.S. to o | nor to registration) letermine penalty liability) | | |
| 89.59 SA7 17. | ZB AVE | 6. 8959 (Mailing Add | SW 172 AV | £ |
| APT 1427 | | ATT 143 | 27 | 1,632 |
| MIAM), FL | 33196 | MIRMI | fc 33.196 | • |
| Name and <u>street addres</u> | s of Florida registered agent: (P.O. | Box NOT acceptable) | | T: 11: 27 |
| Name: | BRUCE ANCONA | | | ب ــَــ |
| Office Address: | 8959 SW 17200 AVE | #1427 | | |
| | MIAM((Cuy) | , Florid | (Zip code) | |
| ignated in this application on the control of the c | tance: gistered agent and to accept servic tion, I hereby accept the appointm ons of all statutes relative to the pr s of my position as registered agent | ent as registered agent and oper and complete perforn | agree to act in this cap | pacity. I further ag |

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: DONG NIE | □Manager | Name: | |
| □Member | Address: 8759 341 17240 AVE | □Member | Address: | |
| ☑⁄Authorized | APT 1427 | □Authorized | | |
| Person | MLAINI, FC 33196 | Person | | |
| □Other | ' | □Other | | □Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | □Authorized | | |
| Person | | Person | | |
| □Other | Other | □Other | | □Other 2 |
| | | | | 1 (2 |
| □Manager | Name: | □Manager | Name: | • |
| □Member | Address: | □Member | Address: | \ 1 |
| □Authorized | | □Authorized | | |
| Person | | Person | | |
| □Other | | □Other | | □Other |

<u>Important Notice:</u> 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.

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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:

INTERNET PLUS LLC

DOS ID Number:

5038231

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

11/15/2016

Statement Status:

CURRENT

Statement Due Date:

11/30/2024



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 November 22, 2022 at 11:34 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughan

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100002535403 To Verify the authenticity of this document you may access the