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SECRETARY OF STATE
TALLAHASSEE, FL

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15 DEC 15 PM 2: 1

At-minosee in the

Incorporating Services, Ltd.

incserv^o

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM Meli

Melissa Moreau

mmoreau@incserv.com

850.656.7953

R	ΕQΙ	JEST	DATE	12/15/2021

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 980590

ORDER ENTITY___LIMELITE INC.

PLEASE PERFORM THE FOLLOWING SERVICES: LIMELITE INC. (FL)	
Please file the attached articles and provide a certified copy.	
NOTES:	
\$78.75 Authorized	
Email address for annual report reminders:/jim@weinbergpc:com	
RETURN/FORWARDING INSTRUCTIONS:	
ACCOUNT NUMBER: I20050000052	
Please bill the above referenced account for this order.	
If you have any questions please contact me at 656-7956,	
Circumber 1	

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, December 15, 2021 Page 1 of 1

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

213 WEST 36TH STREET	Principal street address	Mailing address, if different is:	
802A	VORK 10001	#802A NEW YORK, NEW	YORK 10001
NEW YORK, NEW YORK 10001			
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is: ANY AND	ALL LAWFUL BUSINESS	
			39 3
			- 1287 - 17
	•		TAT FL
		<u></u>	m m
ARTICLE V INITL	ES stock is: 200		
Name and Titl	AL OFFICERS AND/OR DIRECTORS e: HANS DIEFFENTHALLER, P		
	AL OFFICERS AND/OR DIRECTORS HANS DIEFFENTHALLER, P 213 WEST 35TH STREET		
Name and Titl	4L OFFICERS AND/OR DIRECTORS E: HANS DIEFFENTHALLER, P 213 WEST 35TH STREET #802A		
Name and Titl	AL OFFICERS AND/OR DIRECTORS HANS DIEFFENTHALLER, P 213 WEST 35TH STREET		
Name and Titl	4L OFFICERS AND/OR DIRECTORS E: HANS DIEFFENTHALLER, P 213 WEST 35TH STREET #802A	Address:	
Name and Titl	#802A NEW YORK, NEW YORK 10001	Address:	
Name and Titl Address Name and Title	#802A NEW YORK, NEW YORK 10001	Address:	
Name and Titl Address Name and Title	#802A NEW YORK, NEW YORK 10001	Address:	
Name and Title Address Name and Title Address	4L OFFICERS AND/OR DIRECTORS E: HANS DIEFFENTHALLER, P 213 WEST 35TH STREET #802A NEW YORK, NEW YORK 10001	_ Address:	
Name and Title Address Name and Title Address	#802A NEW YORK, NEW YORK 10001	_ Address:	
Name and Title Address Name and Title Address	4L OFFICERS AND/OR DIRECTORS E: HANS DIEFFENTHALLER, P 213 WEST 35TH STREET #802A NEW YORK, NEW YORK 10001	Address: Name and Title: Address: Name and Title:	

Name and Title:		Name and Title:		
Address				
		_		
ARTICLE VI	REGISTERED AGENT			
The <u>name and l</u>	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	ERESIDENTAGENT, INC.		202 202	
Address:	801 US HIGHWAY 1	_	I OR	
	NORTH PALM BEACH, FL 33408		EC II	
ARTICI F VII	<u>INCORPORATOR</u>		2021 DEC 15 PM 4: 29 SECRETARY OF STATE TALLAHASSEE, FL	
			F. S.	
The name and	address of the Incorporator is:		29 FL	
Name:	LAWRENCE A. KIRSCH	_	m _	
Address:	90 STATE STREET, SUITE 601	_		
	ALBANY, NY 12207	_		
Effective date	I EFFECTIVE DATE: if other than the date of filing: 01/03/2022 e date is listed, the date must be specific and can	(OPTIONAL not be more than five days p	.) prior or 90 days after the	
Note: If the dathe document's	ate inserted in this block does not meet the applicable of seffective date on the Department of State's record	ole statutory filing requirements.	nts, this date will not be listed as	
Having been n certificate, I an	amed as registered agent to accept service of process in familiar with and accept the appointment as regis	s for the above stated corporat tered agent and agree to act is	tion at the place designated in this a this capacity	
KIGrika Gaster Authorized &		2013	12/15/2021	
13/ELLIA	Required Signature/Registered Agent		Date	
I submit this a document to th	locument and affirm that the facts stated herein a ne Deparment of State constitutes a third degree fel	re true. I am aware that the ony as provided for in s.817.1.	false information submitted in a 55, F.S.	
	Laurence a Kisch		12/15/2021	
Required Sign	ature/Incorporator	i i	Date	

TICED