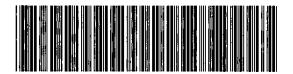
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Office Use Only



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M. Culligan DEC - 9 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: L&L PRODUCTIONS I, INC.
Name of corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
Smadar Rozenbiatt Name of Person
Name of Person
LIL Productions I, INC.
Firm/Company
1341 47 th St
Address
PSYCOXIAN NO 11219 City/State and Zip code
City/State and Zip code
needles and knots 2942 @ gmail. (om
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Smadar Rozenbiat 917 577 6073 Name of Person Area Code Daytime Telephone Number
The control of the co
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

"Inc.," "Co.," "Cor	p," "Inc," "Co," or "Corp.") le in Florida, enter alternate corporate name ad	COMPANY," "CORPORATION,"	
2. <u>Ne</u>	w yo(1€ 3	(FEI number, if applicable)	
4. 0	5.	(Date of duration, if other than perpetual)	
(Date o	incorporation)	(Date of duration, if other than perpetual)	
7	(Principal	I office address) address, if different)	DEC -8 M 9:2
	4)		ි ගී
Name: Office Address:	Smadar Kozent 19701 Collins P Sunny Isles Beach (City)	we note 501400 0.5060 0.500	ı
designated in this a further agree to coi	d as registered agent and to accept service pplication, I hereby accept the appointme	e of process for the above stated corporation at the pla ent as registered agent and agree to act in this capacit lative to the proper and complete performance of my my position as registered agent.	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ____ Vice Chairman: Address: ___ Director: Address: **B. OFFICERS** Rosenbla Vice President: Address: __ Secretary: Treasurer: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. 13. Smadar

(Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of L&L PRODUCTIONS I, INC. was filed on 06/16/1998, under the name of L&L PRODUCTIONS, INC., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment L&L PRODUCTIONS, INC., changing its name to L&L PRODUCTIONS I, INC., was filed 04/13/2015.



Witness my hand and the official seal of the Department of State at the City of Albany, this 12th day of November two thousand and fifteen.

Anthony Giardina

Executive Deputy Secretary of State

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