

2/24/25, 7:16 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

H25000069394 3

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000069394 3)))



H250000693943ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: managedreports@incorp.com

RECEIVED

2025 FEB 24 PM 12:10

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

LiveTiles Corp.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

25 FEB 24 PM 12:50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

COVER LETTER

(((H25000069394 3)))

TO: Registration Section
Division of Corporations

SUBJECT: LiveTiles Corp.

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:

Georgia Dorsam

Name of Person

Georgia Dorsam on behalf of InCorp Services, Inc.

Firm/Company

9107 West Russell Road Suite 100

Address

Las Vegas, NV 89148-1233

City/State and Zip code

managedreports@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Georgia Dorsam on behalf of InCorp Services, Inc.

800-246-2677

Name of Person

at (____)

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 310
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

(((H25000069394 3)))

(((H25000069394 3)))

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDAIN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. LiveTiles Corp.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 465181168
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/25/2014 5. Upon Filing
(Date of incorporation) (Date of duration, if other than perpetual)
6. 55 Broadway, Office 428, New York, NY 10006
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. P.O. Box 1176, New York, NY 10021
(Principal office street address)
(Current mailing address, if different)

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

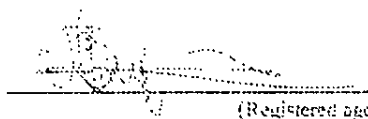
Name: InCorp Services, Inc.

Office Address: 3456 Lakeshore Drive

Tallahassee Florida 32312
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

 Louise Breytenbach on behalf of InCorp Services, Inc.
(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total).

(((H25000069394 3)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
25 FEB 24 PM 12:50

(((H25000069394 3)))

A. DIRECTORS

☐ Chairman Name: Jesper Alfonsson

☐ Vice Chairman Address: P.O. Box 1176

☐ Director _____

☒ President New York, NY 10021

☐ Vice President _____

☐ Secretary ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: Ida Almgren

☐ Vice Chairman Address: P.O. Box 1176

☒ Director _____

☐ President New York, NY 10021

☐ Vice President _____

☒ Secretary ☒ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer _____

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer _____

☐ 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.

12. [Signature]
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.817.135, F.S.

13. Ida Almgren, Director
(Typed or printed name and capacity of person signing application)

(((H25000069394 3)))

Delaware

Page 1

The First State

((H25000069394 3)))

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LIVETILES CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIVETILES CORP." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5504586 8300

SR# 20250653383

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in cursive script, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 202990745

Date: 02-21-25

((H25000069394 3)))