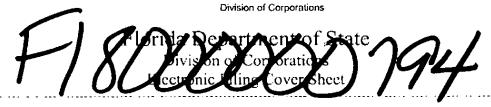
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3



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSE EXAM SERVICES

Account Number : I20120000042 Phone : (941)706-2336

Fax Number : (866)473-0571

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

lawrence@lavenderinc.com, Email Address:

#### FOREIGN PROFIT/NONPROFIT CORPORATION

Lavender, Inc., a close corporation

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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### H18000029912

#### COVERTETTER

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TO: SUBJ		tration Section on of Corpora Lavender, Inc	tions			:}:	
			Name of	corporat	ion - r	nust include suffix	
Dear S	Sir or M	adam:					
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		all correspond LAVENDER	ence concernin	g this ma	tter to	the following:	
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				Ad	dress	• "	
ALIC	EVILLE	E, AL 35442					
		<del> </del>	····	City/Stat	e and	Zip gede	
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For fu	rther in!	formation con-	cerning this ma	iter, pleas	se call	;	
LAW	RENCE	LAVENDER	g	205 it (	)	463-7290	
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	Regis Divisi Clifto 2661	EET/COURIA tration Section ion of Corpora in Building Executive Cer nassee, FL 32	itions iter Circle	:		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

	da Division, Inc.			
ALARAMA	able in Florida, enter alternate corporate name ad	2 4050040		onda)
	3	(FEI number, if applica	LL	
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11/24/1992	of incorporation) 5.		1	_ <del></del>
(Date	of incorporation)	(Date of duration, if other than	perpetual)	
		3 199 C	۲.,	<u> </u>
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		٧٠.	==
1056 INDUSTR	IAL DR. ALICEVILLE, AL. 35442			111111111111111111111111111111111111111
	IAL DR ALICEVILLE, AL 35442  (Principal	office address)		<del></del>
			*.*	
	(Current mailing	address, if different)		-
Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	LICENSE EXAM SERVICES, LLC			
	4713 WEBBER ST			
fliga Addroser	SARASOTA			
ffice Address:				
ffice Address:	(City)	(Zip code)		
	(City)	(Zip code)		

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)

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	·	
: I	If necestary, you may attach an addendum to the application listing additional officers and/or directors.	
	Signature of Director or Officer	

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. LAWRENCE HENRY LAVENDER SECRETARY

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

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Lavender, Inc., a close corporation was formed in Pickens County, Alabama on November 24, 1992. The Alabama Entity Identification number for this entity is 153-219. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20180125000001490

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

01/25/2018

Date

X. W. Merill

John H. Merrill

**Secretary of State** 



February 14, 2018

FLORIDA DEPARTMENT OF STATE Division of Corporations

LICENSE EXAM SERVICES

SUBJECT: LAVENDER FLORIDA DIVISION, INC.

REF: W18000014769

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist FAX Aud. #: H18000029912 Letter Number: 618A00003132

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