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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUKI INVESTMENTS LIMITED  
(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", 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:

ROMEO KWABLA LUMOR  
(Name of Person)  
KINGS COCOA PROCESSING CO. LTD  
(Firm/Company)  
P.O. Box 10828 ACCRA-NORTH  
(Address)  
ACCRA - GHANA 10828  
(City/State and Zip code)

For further information concerning this matter, please call:

STEPHEN THOMPSON at (501) 223-6566  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**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      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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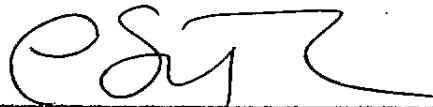
**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

**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.**

1. LUKI INVESTMENTS ~~COMPANY~~ ~~INC~~ LIMITED, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. GHANA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 02 September, 1992 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. H BB/3 LATERBIKOSHE BLACKSMITH ACCRA GHANA  
(Principal office address)  
P.O. BOX 10828 ACCRA-NORTH - GHANA - W.A.  
(Current mailing address)
8. IMPORT/EXPORT, HOTEL TOURISM, ESTATE MANAGEMENT,  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: Clark W. Smith  
Office Address: Barristers Bld., Suite 500, 1615 Forum Place  
West Palm Beach, Florida 33401  
(City) (Zip code)

**10. 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.*



(Registered agent's signature)

11. 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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: ROMEO K. LUMOR (SNR.)

Address: P.O. Box 10828  
ACCRA - NORTH - GHANA

Vice Chairman: ROMEO K. LUMOR (JNR.)

Address: P.O. Box 10828  
ACCRA - NORTH - GHANA

Director: PATRICIA CARBON LUMOR (MRS.)

Address: P.O. Box 10828  
ACCRA - NORTH - GHANA

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: ROMEO K. LUMOR (SNR.)

Address: P.O. Box 10828  
ACCRA - NORTH - GHANA.

Vice President: PATRICIA CARBON LUMOR (MRS.)

Address: P.O. Box 10828  
ACCRA - NORTH - GHANA.

Secretary: ROMEO K. LUMOR (JNR.)

Address: P.O. Box 10828 ACCRA - NORTH

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ROMEO K. LUMOR - CHAIRMAN / PRESIDENT.

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



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I hereby certify that the

is this day incorporated under the Companies Code, 1963 (Act 179) and that the liability of its members is limited.

Given under my hand and official seal at Victoriaborg, Accra,  
this 2ND day of SEPTEMBER, 20 1992

**CERTIFIED TRUE COPY**

(L.S.) Registrar of Companies

(Sgd) J.K.Har1ley

For Registrar of Companies, Ghana

