# F040000/4/6/0

4					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

SECRETARY OF STATE TALLAHASSEE, FLORIDA



000029862970

03/05/04--01038--005 \*\*87.50

AL

#### TRANSMITTAL LETTER

TO:

Registration Section

FILED

04 MAR -5 AM 9: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Certificate of Status & Certified Copy

Division of Corporations SUBJECT: Lakewood Holdings 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", 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: Robert Sandifer (Name of Person) Sandifer Tax Services (Firm/Company) 150 Wildmere Ave #102 (Address) Longwood FL 32750 (City/State and Zip code) For further information concerning this matter, please call: at (304 Robert Sandifer · 295-8283 (Name of Person) (Area Code & Daytime Telephone Number) STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 Enclosed is a check for the following amount: ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & **№** \$87.50 Filing Fee, Certificate of Status Certified Copy

### 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 FLORID&4 MAR -5 AN 9: 43

LAKEWOOD HOLDI	NGS CORP.		<u> </u>	OF STA
(Enter name of corporation "Inc.," "Co.," "Corp," "Inc		ED,	," "COMPANY," "CORPORATION," TALLAHASSEE	.FLOF
(If name unavailable in Fl	orida, enter alternate corporate n	ame	adopted for the purpose of transacting business in Florida)	
2. Nevada		_3.	20-0106330	15. 4
(State or country under the	law of which it is incorporated)		(FEI number, if applicable)	
4. <b>7/21/2003</b>		5.	Perpetual	
(Date of incorp	oration)		(Duration: Year corp. will cease to exist or "perpetual")	
upon qualification				
(Date first transacted busin	(SEE SECTIONS 607.1		t transacted business in Florida, insert "upon qualification.") 1, 607.1502 and 817.155, F.S.)	
7. 1117 Desert Lane	Las Vegas, NV 89102			:
	(Principal office	add	iress)	
Same as above				
, , , , , , , , , , , , , , , , , , , ,	(Current mailing	add	iress)	
Facilities manageme	ent			
·· —		or co	ountry to be carried out in state of Florida)	'
			•	
2. Name and street addre	ess of Florida registered age	nt:	(P.O. Box or Mail Drop Box NOT acceptable)	
Name: Robert S	Sandifer			
or teo wa	d Suite 100			
Office Address: 150 Wil	umere suite 102	<u> </u>	<del></del>	-
Longwo	od		, Florida 32750	
	(City)		(Zip code)	
10 Domintavad acceptia ac				
<ol> <li>Registered agent's ac Having been named as res</li> </ol>	-	ervi	ice of process for the above stated corporation at the pla	ice
	-		ment as registered agent and agree to act in this capacit	
further agree to comply w	ith the provisions of all statut	tes r	relative to the proper and complete performance of my d	
and I am familiar with and	d accept the obligations of my	y po	osition as registered agent.	
,	1001 a			
· /	<i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>			
1/6	ad Vanilo			, I's-"
	(Registered agent's signat	ure)	)	
II Attached is a certificat	e of existence duly authentica	ted	, not more than 90 days prior to delivery of this application	on to
· · · · · · · · · · · · · · · · · · ·			from the second of many and the for the second of the seco	

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.

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

#### FILED

#### A. DIRECTORS Chairman: Nili Neu Address: 1117 Desert Lane #1028 Las Vegas NV 89102 Vice Chairman: Address: Director: Address: Director: Address: **B. OFFICERS** President: Nili Neu Address: 1117 Desert Lane #1028 Las Vegas NV \$9102 Vice President: Address: Secretary: Nili Neu Address: 1117 Desert Lane #1028 Las Vegas NV 89102 Treasurer: Nili Neu Address: 1117 Desert Lane #1028 Las Vegas NV 89102 NOTE: If necessary, you may aftach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application)

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

14. Nili Neu



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LAKEWOOD HOLDINGS CORP.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since July 22, 2003, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on January 15, 2004.

DEAN HELLER Secretary of State

Certification Clerk