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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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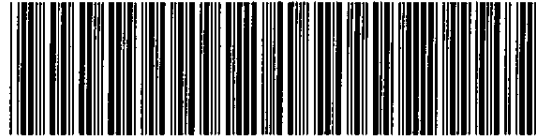
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 5-14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Lux Foundation

(Name of Corporation – must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Brandon A. Millan

(Name of Person)

The Lux Foundation

(Firm/Company)

535 Ocean Avenue 10B

(Address)

Santa Monica, California 90402

(City/State and Zip Code)

For further information concerning this matter, please call:

Brandon A. Millan

(Name of Person)

at (805) 630-4333

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. The Lux Foundation Inc.
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. California 3. 56-2493181
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 8, 2004 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 535 Ocean Avenue 10B, Santa Monica, CA 90402
(Principal office address)
- 535 Ocean Avenue 10B, Santa Monica, CA 90402
(Current mailing address)

8. Non-Profit Organization
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Robyn Marlin

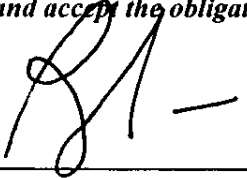
Office Address: 4779 Collins Avenue TS4403

Miami Beach, Florida 33140
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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.

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: Brandon A. Millan

Address: 535 Ocean Avenue 10B, Santa Monica, CA 90402

Vice Chairman: Jaime Ocon

Address: 535 Ocean Avenue 10B, Santa Monica, CA 90402

Director: Saul Alvarado

Address: 535 Ocean Avenue 10B, Santa Monica, CA 90402

Director: David Ferreria

Address: 535 Ocean Avenue 10B, Santa Monica, CA 90402

B. OFFICERS

President: Brandon A. Millan

Address: 535 Ocean Avenue 10B, Santa Monica, CA 90402

Vice President: Jaime Ocon

Address: 535 Ocean Avenue 10B, Santa Monica, CA 90402


Secretary: David Ferreria

Address: 535 Ocean Avenue 10B, Santa Monica, CA 90402

Treasurer: Saul Alvarado

Address: 535 Ocean Avenue 10B, Santa Monica, CA 90402

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. Brandon A. Millan, Chairman
(Typed or printed name and capacity of person signing application)

Directors continued from page 4

Director: Ara Maloyan

Address: 535 Ocean Avenue 10B, Santa Monica, CA 90402

State of California
Secretary of State

CERTIFICATE OF STATUS
DOMESTIC CORPORATION

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

That on the **8TH day of DECEMBER, 2004**, **THE LUX FOUNDATION** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute
this certificate and affix the Great Seal
of the State of California this day of
May 6, 2008.



Debra Bowen

DEBRA BOWEN
Secretary of State