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Special Instructions to	Filing Officer:	
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Office Use Only



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SECHETARY OF STATE

B. McKnight MAY 15 2008

W08-22729

### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Lumz 'n Bloom (Name of corporation)	ns Ltd.
(Name of corporation	on - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to r transact business in Florida.	
Please return all correspondence concerning this matter	to the following:
Deanne Tuci	Kor
Deanna luci	Person)
Lunz 'n Bloom	a 1+1
Lunz 'n Bloom (Firm/Co	
PO Box 2617 (Adding Apopka FL) (City/State a	
(Addr	ress)
Apopka FL	<i>3</i> 2704
(City/State a	and Zip code)
For further information concerning this matter, please c	all:
Deanna Tucker at (407	89-5869
(Name of Person) (Area C	Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
New Filing Section Division of Corporations	New Filing Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	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 & Sertified Copy Sertified Copy Certified Copy



May 6, 2008

DEANNA TUCKER PO BOX 2617 APOPKA, FL 32704

SUBJECT: LUMZ 'N BLOOMS, LTD. Ref. Number: W08000022729

We have received your document for LUMZ 'N BLOOMS, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of LIMITED or LTD. is not sufficient as a corporate suffix. The name must include a word such as INCORPORATED, INC., CORPORATION or CORP.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return the corrected original and one copy of 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) 245-6931.

Letter Number: 808A00028910

Becky McKnight
Regulatory Specialist II
New Filing Section

#### 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. 20-5280947

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Commerce Place #109 ApopKa FL 32703 (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 NOT acceptable) Name: Emoran Commerce Place #109 Office Address: Florida 33 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 business addresses of officers and/or directors:	
A. DIRECTORS	OB HE
Chairman:	
Address:	5 5
	# P P O
Vice Chairman:	STATE STATE
Address:	<b>P</b>
Director:	
Address:	
Director:	
Address:	
B. OFFICERS  President: Brian R. Tucker	
Address: 2128 Hidden Pine Lane	
Apopha FL 32712	
Vice President: Deanna J. Tucker	
Address: 2128 Hidden Pine Lane	
Apopha FL 32712	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
13. Dlama J Vicker	
(Signature of Director or Officer listed in number 12 of the application)	
14. Deanna T. Tucker Vice President (Typed or printed name and capacity of person signing application)	

File Number

6503-706-8



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

LUMZ-N-BLOOMS, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 06, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 0806601320

Authenticate at: http://www.cyberdriveillinois.com

## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH

day of

MARCH

A.D.

2008

Desse White

SECRETARY OF STATE