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(City/State/Zip/Phone #)

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2008 OCT -6 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J Shivers OCT 07 2008
W08-44174

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 1 SQUARED LIGHTING, INC.

(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:

Molly Marvar

(Name of Person)

Cowden & Humphrey Co. LPA

(Firm/Company)

4415 Euclid Ave. Suite 200

(Address)

Cleveland, OH 44103

(City/State and Zip code)

For further information concerning this matter, please call:

Molly Marvar

(Name of Person)

at (216) 241.2880

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

New Filing 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

**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. I SQUARED LIGHTING, INC.

(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)

2. OHIO

(State or country under the law of which it is incorporated)

3. 26-2071777

(FEI number, if applicable)

4. 03/21/08

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 32000 AURORA ROAD SOLON, OHIO 44139

(Principal office address)

32000 AURORA ROAD SOLON, OHIO 44139

(Current mailing address)

8. To engage in any lawful act of activity pursuant to the Business Corporation Law of Florida, provided that the corporation shall not
engage in any act or activity which requires the consent or approval of any state official, department, board, agency or other body,
without such consent or approval first being obtained.

(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.*

C T Corporation System

By: Diane Stout

(Registered agent's signature)

Diane Stout, Asst. Secretary

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:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: SABU KRISHNAN

Address: 32000 AURORA ROAD

SOLON, OHIO 44139

Director: WAYNE VESPOLI

Address: 32000 AURORA ROAD

SOLON, OHIO 44139

B. OFFICERS

President: KEN HAWLEY

Address: 32000 AURORA ROAD

SOLON, OHIO 44139

Vice President: AMY PATRICK, MICHAEL A. KNIGHT

Address: 32000 AURORA ROAD

SOLON, OHIO 44139

Secretary: AMY PATRICK

Address: 32000 AURORA ROAD SOLON, OHIO 44139

Treasurer: MICHAEL KNIGHT

Address: 32000 AURORA ROAD SOLON, OHIO 44139

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

13. * Amy C Patrick
(Signature of Director or Officer listed in number 12 of the application)

14. AMY C. PATRICK, SECRETARY
(Typed or printed name and capacity of person signing application)

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**United States of America
State of Ohio
Office of the Secretary of State**

I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show I SQUARED LIGHTING, INC., an Ohio corporation, Charter No. 1767709, having its principal location in Solon, County of Cuyahoga, was incorporated on March 21, 2008 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 2nd day of July, A.D. 2008*

A handwritten signature in cursive script, reading "Jennifer Brunner", followed by a horizontal line.

Ohio Secretary of State

Validation Number: V2008183J8F40C

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