F09000001850

(Requestor's Name)
(Address)
•
(Address)
((daysas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinent Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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W09-1967\$

Office Use Only



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2009 NAY -7 PN 4: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA

No cas

T Burch MAY 7 2008

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Lumea Staff	100
	pration - must include suffix)
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," I to register the above referenced foreign corporation to
Please return all correspondence concerning this m	atter to the following:
Legar Butcher	
(Nar	ne of Person)
Lumea Statting Inc	
33747 N. Soottsdale	1/Company) #135
9 11 10 00 16	Address)
Ocottscale +12 8	5266
(City/S	tate and Zip code)
For further information concerning this matter, ple	ase call:
Posit Butcher at 4	80,488.3882
(Name of Person) (A	rea 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 & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



April 27, 2009

PEGGY BUTCHER 33747 N SCOTTSDALE RD #135 SCOTTSDALE, AZ 85266

SUBJECT: LUMEA STAFFING, INC.

Ref. Number: W09000019676

We have received your document for LUMEA STAFFING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return 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) 245-6928.

Letter Number: 809A00014067

Tim Burch Regulatory Specialist II

Division of Corporations - P.O. ROY 6327 Tallahassaa, Florida 32314

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Enter name of c	Lumea Staffing, Inc. orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"			
/IA					
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business	is in Florida)		
	under the law of which it is incorporated)	(FEI number, if applicable)			
4	28-04	Derpetual			
(i)ate 6.	of incorporation)	(Duration: Year corp. will cease to exist or	'perpetual'')		
· · · · · · · · · · · · · · · · · · ·		n Florida, il prior to registration) 502, F.S., to determine penulty liability)			
7. 33747	N. Scottsdale Rd. #1		35266		
5011 W.	Hillsborough Ave. Ste E (Current mailing add	Tampa, FC 33634			
8. Payoll 8	Staffing Services	ress)	SECKE TALLA	2009 HAY	
(Purpose(s	of corporation authorized in home state or co	untry to be carried out in state of Florida)	TATI ASS		. :
Name and stree	t address of Florida registered agent: (P.O.	D. Box <u>NOT</u> acceptable)	ZHO ZHO	-7	!
Name:	Mark Herman		F ST	2	ŧ
Office Address:	5011 W. Hillsborough	Ave. Ste.E	ATE	4: 46	
	Tanpa	, Florida <u>33634</u> (Zip code)			
io. Registered ag	ent's acceptance:	(Exp code)			
Having been name designated in this further agree to co	ed us registered agent and to accept service upplication, I hereby accept the appointment of all statutes rewith and accept the provisions of all statutes rewith and accept the obligations of my pos	tent as registered agent and agree to act i Plative to the proper and complete perform	n this capaci	ity. I	,
	AL I H				
	Mark Voar				

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
Chairman: Ed Loverged Edmond L. Loverged
Address: 7470 E Buthers Drive; Suite D
Scottalale Az 05260 PM 3
Vice Chairman:
Address:
Director: Jame, C. Marshall
Address: 7430 E. Butherus Drive; suite D
Scottidule, Az 85260
Director:
Address:
B. OFFICERS
President: Edmond L. Louerged
Address: Same as above
Vice President:
Address:
Secretary: June, C. Murshall
Address: some as above
Treasurer: James C. Marshall
Address; Same as above
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
(Signature of Director or Officer fished in number 12 of the application) 14. Edmond Oneng ph. (Fo PRES.)

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

SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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 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, **LUMEA STAFFING**, **INC**., 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 February 26, 2009, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20090414-0921
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on April 14, 2009.

ROSS MILLER Secretary of State