Page 1 of 2

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## FOREIGN PROFIT/NONPROFIT CORPORATION Randy Burkett Lighting Design, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
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## 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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)    Missouri	(Enter name of o	aghting Design, Inc.  Opporation; must include "INCORPORATED  Orp." "Inc." "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	-	
State or country under the law of which it is incorporated)   State or country under the law of which it is incorporated)   1	-			<b></b> -	
State or country under the law of which it is incorporated   Fer number, if applicable	(If name unavail)	ible in Florida, enter alternate corporate nam	re adopted for the purpose of transacting business in Florida	)	٠
1. July 5, 1988  (Date of incorporation)  (Date first transacted business in Florida. If prior to registration)  (SEE SECTIONS 607.150) & 607.1502, F.S., to determine penalty liability)  7. 609 East Lockwood Ave., suite 201, Saint Louis, MO 63119  (Principal office address)  Same  (Current mailing address)  8. Architectural Lighting and Design Services  (Purposets) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name: CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  (City)  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.  CT Corporation System  (Registered agent's signature)	T.		·	_	**
(Date of incorporation) (Data ion: Year corp. will cease to exist or "perpetual")  6. Upon Qualification  (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  7. 609 East Lockwood Ave., suite 201, Saint Louis, MO 63119  (Principal office address)  8. Architectural Lighting and Design Services  (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: CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  (City)  (Ci	(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
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(Current mailing address)  8. Architectural Lighting and Design Services  (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: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation Florida 33324  (City) (Zip code)  10. Registered agent's acceptance: thaving 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.  CT Corporation System  (Registered agent's signature)					
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Office Address:    1200 South Pine Island Road   Plantation   Florida   33324   (Zip code)	y. Name and stree	sacress of Piones registered agent: (r.	.O. Box NOT acceptable)	<u>=</u>	1. 7.09 
Office Address:    Plantation   Florida   33324   (City)   (Zip code)	Name;	C T Corporation System	The state of the s	···	AND James
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By: Ketherine Zackey (Registered seent's signature)	Having been name designated in this of further agree to co	ed as registered agent and to accept service polication, i hereby accept the appoint imply with the provisions of all statutes with and accept the obligations of my p	tment as registered agent and agree to act in this capa relative to the proper and complete performance of m	ichy. 1	۶,
(Registered agent's signature)			1.16		
(Registered agent's signature)  Katherine Lackey - Asst Sec	Ву:				
		(Registered agent's signature	Katherine Lackey - Asst. Sec.		
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 of other official having custody of corporate records in the jurisdiction	11. Attached is a c	ertificate of existence duly authenticated	I, not more than 90 days prior to delivery of this applic	ation to	)

under the law of which it is incorporated.

	5 E	
12. Names and business addresses of officers and/or directors:		·
A. DIRECTORS	上 第	7
Chuirman:		er G
Address:		
	<u>5</u>	Ą
Vice Chairman:	<del></del>	
Address;		
	<del></del> ·	
Director:		
Address:		
Director:		
Address:	<del></del>	
B. OFFICERS		
President: Rundy Burkett	<del></del>	
Address: 609 Bust Lockwood Avenue, Suite 201, Saint Louis, Missouri 63119	<del></del>	
Vice President: Carol Burkett		
Address: 609 East Lockwood Avenue. Suite 201, Saint Louis, Missouri 63119	<del>,<u>.</u></del>	
Sucretary:	_	
Address:	<del></del>	
Treesurer:		
Address:		
NOTE: If necessary, you may attach in addendary to the application listing additional officers and/or director	<b>s</b> .	
13. Lander That The		
Signature of Director ar Officer listed in number 12 of the application)		
Randy Burkett, President  (Typed or printed name and capacity of person signing application)		

## STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

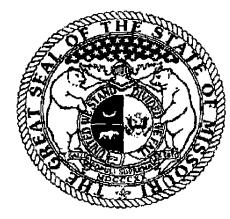
## RANDY BURKETT LIGHTING DESIGN, INC. 00316943

was created under the laws of this State on the 5th day of July, 1988, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 4th day of June, 2010

n Camahan

Secretary of State



Certification Number: 12887590-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp