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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Burch His 200

COVER LETTER

TO: New Filing Section Division of Corporations		
SUBJECT: Lexington Acquisition,	Inc	
	ration - must include suffix	
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation" (Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact b	l Standing" and check are subm	
Please return all correspondence concerning this n	natter to the following:	
Richard Bencivengo		
Nan	ne of Person	
Lexington Acquisition, Inc.		
Firm	/Company	
12660 Branford St.		
	Address	
Arleta, CA 91331		
City/S	tate and Zip code	
hosawe@lex-usa.com		
E-mail address: (to be	used for future annual report no	tification)
For further information concerning this matter, ple	ease call:	
	8 768-5768	<u> </u>
Name of Person	Area Code & Daytime Telephor	ne Number
STREET/COURIER ADDRESS:	MAILING AD	DRESS:
New Filing Section New Filing Se		
Division of Corporations	Division of Corporations P.O. Box 6327	
Clifton Building 2661 Executive Center Circle	Tallahassee, FL	32314
Tallahassee, FL 32301	rununuooo, rio	J 40 1 1
Enclosed is a check for the following amount:		
\$70.00 Filing Fee \$\text{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

		STATUTES, THE FOLLOWING IS SUBMITTE T BUSINESS IN THE STATE OF FLORIDA.	
1 Lovington Ac	quisition Inc		
	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"	L 21 P
Lexington De	esign + Fabrication, Tac.	ne adopted for the purpose of transacting business in	
2. California		_{3.} <u>95-4856379</u>	n Florida): S
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)	
4. 04/10/01		5. Perpetual	<u> </u>
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "pe	rpetual")
6		s in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)	
າ 12660 Brar	nford St. Arleta, CA 91331	.1502, F.S., to determine penalty hability)	
· · · · · · · · · · · · · · · · · · ·	(Principal office a	ddress)	
12660 Bra	nford St. Arleta, CA 9133	1	
.	(Current mailing a	ddress)	
8(Purpose(s	s) of corporation authorized in home state or	country to be carried out in state of Florida)	
9. Name and stree	et address of Florida registered agent: (F	P.O. Box NOT acceptable)	
Name:	Greg Senner		
Office Address:	2465 Grand Poplar St.		
	Ocoee	, Florida 34761	
	(City)	(Zip code)	
Having been nam designated in this further agree to c	application, I hereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my		this capacity. I
	(Registered agent's signatur	·e)	

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: Richard Bencivengo		
Address: 451 Euclid St. Santa Monica, CA 90402		
Vice Chairman:	2011 SECT ALL	
Address:		П
	※章 2 [
Director:	± 7: ₹	5
Address:	<u> </u>	
	12 01	
Director		
Director:		
Address:		
D 0000		_
B. OFFICERS		
President: Richard Bencivengo		
Address: 451 Euclid St. Santa Monica, CA 90402	• • • • • • • • • • • • • • • • • • • •	
Vice President:	- -	
Address:		
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing	additional officers and/or directors	
13	additional officers and/or directors.	
Signature of Director or Office		
The officer or director signing this document (and who is listed in number 2 are true and that he or she is aware that false information submitted in a docu third degree felony as provided for in s.817.155, F.S.		
14. Richard Bencivengo, President & CEO		
(Typed or printed name and capacity of person significant signific	ng application)	

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LEXINGTON ACQUISITION, INC.

FILE NUMBER:

C2339055

FORMATION DATE:

04/10/2001

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 12, 2011.

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DEBRA BOWEN
Secretary of State

RXV

NP-25 (REV 1/2007)