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SECRETARY OF STATE
TALLAMASSES FISHER

T. Burch APR 18 2012

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: One Infinite Light, Inc	
	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact but	Standing" and check are submitted to register the
Please return all correspondence concerning this ma	atter to the following:
Liane F. Buix	
Name	e of Person
One Infinite Light, Inc.	
Firm/C	Company
1037 Stone Lake Drive	
Ormond Beach, FL 32174	ddress
City/Sta	te and Zip code
lianebuix@cfl.rr.com	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	se call:
Liane F. Buix at (386	6 \ 437-6855
	rea 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	S78.75 Filing Fee & S87.50 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.

l.	One Infinite Light, Inc.					_
	(Enter name of corporation; must include "INCORPORATE "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"	TAL TAL	, z	
				75	ΑP	
				<u> </u>	- 7 0	T
	(If name unavailable in Florida, enter alternate corporate na	ime	adopted for the purpose of transacting bus	iness in);;;; ;;;;
2.		_ 3.	45-4807678	.n <u>.</u>	PH	Ö
	(State or country under the law of which it is incorporated)		(FEI number, if applicable	e): ::-	±."	
4.	03/14/2012	5.	Perpetual		7	_
	(Date of incorporation)		(Duration: Year corp. will cease to exist	or "perp	etual")
6.						_
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
7	1037 Stone Lake Drive, Ormond Be	ea	ch, FL 32174			
,.	(Principal office a					_
	1037 Stone Lake Drive, Ormond	В	each, FL 32174			
	(Current mailing					_
_	Authoring/Publishing					
8.	(Purpose(s) of corporation authorized in home state o	or co	ountry to be carried out in state of Florida)			_
_	·					
9.	Name and <u>street address</u> of Florida registered agent: ((P.C	D. Box NOT acceptable)			
	Name: Liane F. Buix					
О	ffice Address: 1037 Stone Lake Drive					
	Ormond Beach		, Florida 32174			
	(City)		(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.

Score Brey (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 Chairman: Liane F. Buix Address: 1037 Stone Lake Drive, Ormond Beach, FL 32174 Vice Chairman: Address: Director: Address: Director: _ **B. OFFICERS** President: Liane F. Buix Address: 1037 Stone Lake Drive, Ormond Beach, FL 32174 Vice President: Secretary: Liane F. Buix Address: 1037 Stone Lake Drive, Ormond Beach, FL 32174 Treasurer: Liane F. Buix Address: 1037 Stone Lake Drive, Ormond Beach, FL 32174 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Liane F. Buix, President

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ONE INFINITE LIGHT, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF APRIL, A.D.

2012.

12 APR 17 PH 4: 28
SECRETARY OF STATE
TALLAHASSEE OF STATE

5123908 8300

120335408

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 9477410

DATE: 04-03-12

You may verify this certificate online at corp.delaware.gov/authver.shtml