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(Re	questor's Name)	
(Ad	dress)	
· (Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	<u>. </u>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	,	



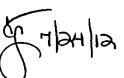
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COVER LETTER

TO:	New Filing S Division of C			
SUBJECT: Lighting The Dark, INC				
5000	· ·	Name of Corporation – must include suffix		
Dear S	Sir or Madam:			
"Certi	ficate of Existen	ation by Foreign Not for Profit Corporation for Authorization to Conduct its Afface", or "Cerificate of Good Standing" and check are submitted to register the about to conduct its affairs in Florida.		
Please	return all corres	spondence concerning this matter to the following:		
		C. Allen Barker		
		Name of Person		
Lighting The Dark				
		Firm/Company		
		* .		
		PO BOX 5881		
Address				
	Lake Worth FL 33466			
		City/State and Zip Code	12 JUL 23	# # [#] 라고
		LightingTheDark@Live.com		
	E-r	nail address: (to be used for future annual report notification)	2	2000 000
For fu	rther information	n concerning this matter, please call:	ት ፡ ተ2	
	Ilen R Name	of Person at (785) 615, 1166 Area Code & Daytime Telephone Number	.0	O.KS
	MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, F.	ction New Filing Section preparations Division of Corporations Clifton Building		
Enclos	sed is a check for	r the following amount:		
✓ \$7	0.00 Filing Fee	S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee Certificate of Status Certified Copy Certificate of Status		



FLORIDA DEPARTMENT OF STATE Division of Corporations

RESERVED

To the state of the

12 JUL 23 PH 3: 12

型形/1個自身結構的一個企業的工作。

July 9, 2012

C. ALLEN BARKER POST OFFICE BOX 5881 LAKE WORTH, FL 33466

Dark

SUBJECT: LIGHTING THE DOSK, INCORPORATED

Ref. Number: W12000036093

Dark

We have received your document for LIGHTING THE DØSK, INCORPORATED 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return the corrected original and one copy of 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) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 212A00018327

12 JUL 23 PH 4: L2

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA: (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) (State or country under the law of which it is incorporated) Perpetual
(Duration: Year corp. will cease to exist or "perpetual") July 2012 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) Windswept Dr # 1.03
(Principal office address) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address: 29 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.

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.

(Registered agent's signature)

12.	Names	and add	dresses o	f officer	s and/or	directors	s.
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FILED SECRETARY OF STATE DIVIRE ORPORATIONS

A. DIRECTORS	12 JUL 23 PM 4: 42
Chairman: C. Allen Barker	12 000 60 70 4442
Address: 2945 Windswept Dr. # 103 Lanto	Na Fl 33462
Vice Chairman: L. Hugh Mason III	
Address: 2945 Windswept Dr. # 103 Cant	ana FL 33462
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: C. Allen Barket	1 5, 25, 40
Address: 2945 Windswept Dr. #103 Can-	tang FC 33462
Vice President: L. Hugh Mason II	
Vice President: L. Hugh Mason III Address: 2945 Windswept Dr. #103 0	Cantana FC 33462
Secretary: Amarda Barker	
Address: 2945 Windswept Dr. # 103 Ca	Ntana FL 33462
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application lis	
13. (Signature of Chairman, Vice Chairman, or any officer listed	in number 12 of the application)
14. C. Allen Barker (Typed or printed name and capacity of person	
(1 yped or printed name and capacity of person	signing application)

STATE OF KANSAS OFFICE OF SECRETARY OF STATE

I, KRIS W. KOBACH, Kansas Secretary of State, certify that the records of this office reveal the following:

Business Entity ID Number: 433-026-2

Entity Name: LIGHTING THE DARK, INC.

Entity Type: KANSAS NOT FOR PROFIT CORPORATION

State of Organization: KANSAS

Resident Agent: CHRIS L. BARKER

Registered office: 616 SEABROOK PL

LAWRENCE, KS 66046

was filed in this office JULY 15, 2009 and is in good standing, having fully complied with all requirements of this office.

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

In testimony whereof:
I execute this certificate and affix
the seal of the Secretary of State
of the state of Kansas on this day

of June 19, 2012.

KRIS W. KOBACH

KANSAS SECRETARY OF STATE