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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: LHLJ Inc. Name of corporation - must include suffix	
Name of corporation - must include suffix	_
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Lautence Stone Name of Person	_
Name of Person	
LHLT, Inc.	_
Firm/Company	
Firm/Company 725 Eagle Farm Road Address Villumora, PA 1908 City/State and Zip code LL Stone @ Earthlink. Med E-mail address: (to be used for future annual report notification)	
Address	
Villanova, AA 19085	_
City/State and Zip code	
E-mail address: (to be used for future annual report notification)	_
For further information concerning this matter, please call:	
Lautence Store at (477) 903-3965 Name of Person Area Code & Daytime Telephone Number	
Name of Person Area 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 & □ \$78.75 Filing Fee & Certificate of Status	

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.

1.	LHLJ, Inc.
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2.	State or country under the law of which it is incorporated) 3. 47-0871775
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4.	(Date of incorporation) 5. Per petval (Duration: Year corp. will cease to exist or "perpetual")
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6.	1 1 1 1 1 3
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7.	16850 Collins Avenue #112-463, Sunny Isks Beach F1, 33160 (Principal office address)
	725 Rayle Farm Road Villanova, PA 19085
	(Current mailing address)
8.	Managing Investments
	(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: Laulence L. Stone
0	Name: Laurence L. Stone ffice Address: 16051 Collins Avenue #1201 Sunny Istes Blue , Florida 33/60 (City) (Zip code)
	Suny Istes Beach, Florida 33/60
	(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.

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 Laulence Address: _ _ Vice Chairman: _____ Address: ______ Director: ___ Address: ____ Director: **B. OFFICERS** Vice President: Address: Secretary: ___ Treasurer: 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. Laurence L. Stone
(Typed or printed name and capacity of person signing application)

Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LHLJ, 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2013.

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130094354

AUTHENTY CATION: 0171711

DATE: 01-26-13

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