F130000001190

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP: WAIT MAIL
(Business Entity Name)
(Basilioss Enaty Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100244624091

02/18/13--01015--006 **70.00

3 MAR 18 AM 10: 15

137 25632



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2013

SCOTT MCCORMICK 3175 W ALI BABA LN #802 LAS VEGAS, NV 89118

SUBJECT: DISCOUNT LIGHT DEPOT, INC.

Ref. Number: W13000010038

We have received your document for DISCOUNT LIGHT DEPOT, INC. 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 must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 613A00004017

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: Discount Light Depot / dba MCOR Lighting

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:

Scott A. McCormick		
Name of Person		_
MCOR Lighting		
Firm/Company		
3175 W. Ali Baba Ln., #802		
Address		
Las Vegas, Nevada 89118		
City/State and Zip code		— ⊒:
smccormick@mcorlighting.com	产	HAR
E-mail address: (to be used for future annual report notification)	<u> </u>	_α
For further information concerning this matter, please call:	OF ST	
Ron McCormick _{at (} 702) 338-3320	AGE	5
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:

570.00 Filing Fee

☐ \$78.75 Filing Fee & 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

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.

I. Discourit Ligi					_
	corporation; must include "INCORPORATE forp," "Inc," "Co," or "Corp.")	ED,'	" "COMPANY," "CORPORATION,"		
DBA: MCOR		me,	adopted for the purpose of transacting business in	ı Florida)	•
2. Nevada		3.	88-0462619		_
(State or country	(State or country under the law of which it is incorporated) (FEI number, if applicable)				•
4. 05/12/2000		5.	Perpetual		
(Date	of incorporation)		(Duration: Year corp. will cease to exist or "pe	rpetual")	•
6					_
			n Florida, if prior to registration) 602, F.S., to determine penalty liability)		
₂ 3175 W AI	i Baba Lane, #802, Las Veg		• •		
7.0170 11.74	(Principal office	_		··	•
3175 W. A	li Baba Lane, #802, Las V	ec	as. NV 89118		
	(Current mailing				
_{8.} Wholesale	lighting distribution			SECT.	13 HAR
(Purpose(s	s) of corporation authorized in home state of	r co	ountry to be carried out in state of Florida)	55	
9. Name and stree	et address of Florida registered agent: (P.C). Box NOT acceptable)	INSSET O	
Name:	Registered Agents Inc.			HOH FISTA	WH IO:
Office Address:	3030 N. Rocky Point Dr. STE	15	50A	E H	ဘ
	Tampa		, Florida 33607		
	(City)		(Zip code)		

10. Registered agent's acceptance:

Discount Light Danct Inc

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.

Dan Keen-President
(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.

A. DIRECTORS			
Chairman:			_
Address:			_
			-
Vice Chairman:			_
Address:		· · · · · · · · · · · · · · · · · · ·	-
Director: Edward McCormick			- -
Address: 3175 W. Ali Baba Lane, #802	·		_
Las Vegas, NV 89118			-
Director: Kathleen McCormick		,	_
Address: 3175 W. Ali Baba Lane, #802	·		_
Las Vegas, NV 89118		····	-
B. OFFICERS			
President: Kathleen McCormick			-
Address: 3175 W. Ali Baba Lane, #802	Z _S	- — <u>≕</u> -	-
Las Vegas, NV 89118		HAR.	- "i"
Vice President: Edward McCormick		ဘ	- [
Address: 3175 W. Ali Baba Lane, #802	— 50 ———————————————————————————————————		_
Las Vegas, NV 89118	응즮	<u></u>	-
Secretary: Tim McCormick			_
Address: 3175 W. Ali Baba Lane, #802, Las Vegas, NV 89118			-
Treasurer: Scott McCormick	,		<u>.</u>
Address: 3175 W. Ali Baba Lane, #802, Las Vegas, NV 89118			-
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dir	ectors.		
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts are true and that he or she is aware that false information submitted in a document to the Department of State of third degree felony as provided for in s.817.155, F.S. Scott McCormick			

(Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DISCOUNT LIGHT DEPOT, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since May 15, 2000, and is in good standing in this state.

Electronic Certificate
Certificate Number: C20130313-0732
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my

office on March 13, 2013.

' Z.11 /1

ROSS MILLER Secretary of State WELL OF STATE