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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS

Account Number: 105256001620 : (608)827-5300 Phone Fax Number

; (608)827-5501

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## FOREIGN PROFIT/NONPROFIT CORPORATION

### Lumiere Candles Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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https://efile.sunbiz.org/scripts/efilcovr.exe

12/26/2013

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# 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. Lumiere Candles 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) Georgia (State or country under the law of which it is incorporated) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1732 SW Biltmore St, Port Saint Lucie, Florida 34984 (Principal office address) 1732 SW Biltmore St, Port Saint Lucie, Florida 34984 (Current mailing address) All lawful business (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) **Business Filings Incorporated** Name: 515 E. Park Avenue Office Address: Tallahassee . Florida (Citv) 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. Mark Williams, AVP, Business Filings Incorporated

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)

EC-26-2013 15:21 608 827 5501	608 827 5501	P.004
12. Names and business addresses of officers and/or directors:		
A. DIRECTORS		
Chairmau:	·	
Address:		
Vice Chairman:		
Address:		
Director: Paul Keyes		
2520 CH Co. Thomas Come Caine Lucia Planida 24052		
Director: Lisa Keyes		
3530 NW Comboor Nr Port Scint Little Highlan (4954	<u></u>	
B. OFFICERS		
President: Paul Keyes		
Address: 3530 SW Conibear St, Port Saint Lucie, Florida 34953		DIVIS 31 SEVICE
Vice President: Lisa Keyes		DEC 2
Address: 3530 SW Conibear St, Port Saint Lucie, Florida 34953		2 CON C.
Secretary: Paul Keyes		RATION RATION
Address: 3530 SW Conibear St, Port Saint Lucio, Florida 34953		( <i>p</i>
Treasuren: Lisa Keyes		
Address: 3530 SW Conibear St, Port Saint Lucie, Florida 34953		
NOTE: If necessary you hav attach an addeddendum to the application listing add	litional officers and/or d	irectors.
Signature of Director or Officer		
The officer or director signing this document (and who is listed in number 12 about are true and that he or she is aware that false information submitted in a document a third degree felony as provided for in s.817.155. F.S.  Paul Keyes, President	ove) attirms that the fac nt to the Department of :	ts stated herein State constitutes

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

## STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER

: 12041541 DATE INC/AUTH/FILED : May 15, 2012

JURISDICTION

: Georgia

PRINT DATE

: December 26, 2013

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### LUMIERE CANDLES INC. A Domestic Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State

Tracking #: mpUdkS7j