

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001579373)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

US

FOREIGN PROFIT/NONPROFIT CORPORATION

Color Kinetics Distribution, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

7/1/2014

COVER LETTER

TO: New Filing Se	· ·	•	
Division of Co			
SUBJECT: Color Ki	nctics Distribution, Inc.		
	Name of corpore	tion - must include suffix	
Dear Sir or Madam:			
"Certificate of Existen-	tion by Foreign Corporation ce," or "Certificate of Good gn corporation to transact bu	Standing" and check are sub	
Please return all corres	pondence concerning this m	atter to the following:	
Robert A Cohen, Esquire	3		
	Name	of Person	· · · · · · · · · · · · · · · · · · ·
Law Office of Robert A	Cohen		
<u> </u>	Firm/e	Company	
4 Brewster Road			
	A	ddress	
Framingham, MA 01702			
· · · · · · · · · · · · · · · · · · ·	City/Sta	te and Zip code	
rcohen@dslgroup.com			
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, ples	se call:	
Robert A Cohen	at (, B61-3119	
Name of Perso	on Ai	ea Code & Daytime Teleph	one Number
New Filing Sec Division of Co Clifton Buildin	rporations ag Center Circle	MAILING A New Filing Se Division of Co P.O. Box 632 Tallahassee, F	ction orporations 7
Enclosed is a check for	the following amount:		
(1) \$70.00 Filing Fee	C7 \$78.75 Filing Fee & Certificate of Status	Cortified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy



(3/5)

14 JUL -1 PM 2: 42

SECRETARY OF STATE APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

1. Color Kinetics Distr		
(Enter name of corpo "Inc.," "Co.," "Corp,"	ration; must include "INCORPORATED, "ling," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"
(If name unavailable	in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
2. Illinois	3.	36-4038618
(State or country und	der the law of which it is incorporated)	(FEI number, if applicable)
4. 6/22/1995	5.	perpetual
(Date of in	corporation)	(Duration: Year corp. will sease to exist or "perpetual")
6. Upon qualification		
· · · · · · · · · · · · · · · · · · ·		n Florids, if prior to registration) 502, F.S., to determine penalty liability)
7 1247 Norwood Avenu	•	respondent to the second secon
· · · · · · · · · · · · · · · · · · ·	(Principal office add	ress)
1247 Norwood Avenu	ie, Itasca, IL 60143	
•	(Current mailing add	ress)
8. Name and street ad-	dress of Florida registered agent: (P.C	D. Box NOT acceptable)
Name:	C T Corporation System	<u></u>
Office Address:	1200 South Pine Island Road	
	Plantation	. Florida 33324
_	(City)	(Zip code)
designated in this app further agree to comp duties, and I am famil	s registered agent and to accept servi lication, I hereby accept the appoints by with the provisions of all statutes t iar with and accept the obligations o	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my f my position as registered agent.
By:	erpofation System (Registered agent's si	gnatury) SPANNIA AMENYA GRAY
10. Attached is a certification the Department of Statument of which	ficate of existence duly authenticated, e, by the Secretary of State or other o	not more than 90 days prior to delivery of this application to flicial having custody of corporate records in the jurisdiction



(4/5)

14 JUL -1 PM 2: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. Names and bus	iness addresses of officers and/or directors:	IALLAHASSEE, FLORIDA
A. DIRECTORS		
Chairman: Dennis J		
Address: 1247 Norw	ood Avenue	
Itasca, IL 60		
Vice Chairman: Robi	ert A Cohen	
Address: 4 Brewster		
	n, MA 01702	
Director		
Address:		
B. OFFICERS	(f_1,1,1,1,1	
President: Dennis J V	70JUCK	
Address: 1247 Norwo		
Itasca, IL 60)143	
Vice President:		
Address:		
Secretary: Robert A C		
Address: 4 Brewster I	Road, Framingham, MA 01702	
		£."
Address:		
	ou may attach an addendum to the application listing additional o	officers and/or directors.
	Signature of Director or Officer	
are true and that he o	or signing this document (and who is listed in number a or she is aware that false information submitted in a doc as provided for in s.817.155, P.S.	22 above) affirms that the facts stated herein current to the Department of State constitutes
13. Robert A Cohen,	- ·	•
	(Typed or printed name and capacity of person sign	ning application)

FL019 - 06/17/2014 Wolkers Khaver Callins

14 JUL -1 PM 2: 42

File Number

5839-558-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

COLOR KINETICS DISTRIBUTION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 22, 1995, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



Authentication #: 1418201800 Authenticate at: http://www.cyberdrivelitingis.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this

day of

JULY

A.D.