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(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
, (Docu	ıment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATION

W14-73358

× 02/19/15



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 5, 2015

NAOMI COHN LIGHTHOUSE LUBRICANT SOLUTIONS, INC. P.O. BOX 880545 BOCA RATON. FL 33433

SUBJECT: LIGHTHOUSE LUBRICANT SOLUTIONS, INC.

Ref. Number: W14000073358

We have received your document for LIGHTHOUSE LUBRICANT SOLUTIONS, 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):

You failed to make the correction(s) requested in our previous letter.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 514A00025957



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2014

NAOMI COHN LIGHTHOUSE LUBRICANT SOLUTIONS, INC. P.O. BOX 880545 BOCA RATON, FL 33433

SUBJECT: LIGHTHOUSE LUBRICANT SOLUTIONS, INC.

Ref. Number: W14000073358

We have received your document for LIGHTHOUSE LUBRICANT SOLUTIONS, 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1250.00.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 514A00025957

Cloniting.

15 JAH -2 PH 3: 27

COVER LETTER

TO: New Filing Section Division of Corporations	
	oricant Solutions, Inc.
Name of corpora	tion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m	atter to the following:
alapani Coho	1
Naomi Cohr Name	e of Person
<u>Lighthouse</u> L	Warlcanet Solutions, Inc.
P.O. BOX 88	ddress
-	Fi 33433
City/St ₁	ate and Zip code
· ·	•
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Naons Cohn at (91	3 17065194
Name of Person A	rea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certified Copy 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. LIGHTHOUSE LUbricant Solutions, 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. Kansas 3. 68-05768 (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. Perpetual

(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) Montobello Drive Boca Roton Fr 33433
(Principal office address) PO BOX 880545 Boca Roton Ft 33488
(Current mailing address) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 22049 Montchello Drive

Boca Raton , Florida 33433
(City) (Zip code) Office Address: 9. 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.

10. 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:			<u> </u>
Director:			
Address:			
Director:			<u> </u>
Address:		5 FEB -	SECRETA SECRETA
B. OFFICERS President: Todd Cohn		8 PH 12:	FORPOST FORPOST FORPOST FOR
•		N	<u> </u>
Address: 22044 Montchello Brue Boca Raton Pt 33433			
Vice President: A WONA COMA			
22014 Mastralla O.			
(noca Katon Pl 33433			
Secretary:			
Address:			
Treasurer:	*****		
Address:			····
NOTE: If necessary, you may attach an addendum to the application listing	g additional officers and/or dire	ctors.	
12. <u>Aleple Coly</u>	r		
The officer or director signing this document (and who is listed in number are true and that he or she is aware that false information submitted in a do a third degree felony as provided for in s.817.155, F.S.	12 above) affirms that the facts:	stated l	
13. Nacmi Com			

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

STATE OF KANSAS OFFICE OF

OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 3675279

Entity Name: LIGHTHOUSE LUBRICANT SOLUTIONS, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

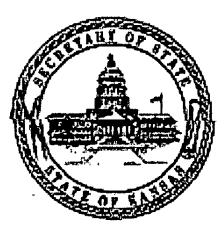
State of Organization: KS

Resident Agent: TODD R. COHN

Registered Office: 9746 HADLEY, OVERLAND PARK, KS 66212

was filed in this office on August 24, 2004, 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 February 11, 2015

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 633426 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

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