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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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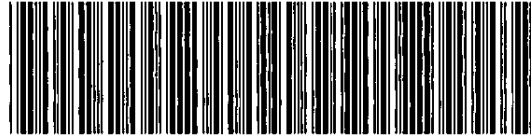
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TOLSON, H. OMAHA

6/10/15

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Lamplighters of America, INC.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Rebecca Sowell
Name of Person
Lamplighters of America
Firm/Company
1555 E. New Circle Rd #142-121
Address
Lexington, Ky 40509
City/State and Zip Code
becky@lamplightersofamerica.org
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

For further information concerning this matter, please call:

Becky Sowell at (859) 2275006
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$70.00 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 NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:

1. Lamplighters of America, Incorporated

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Kentucky

(State or country under the law of which it is incorporated)

3. 46-2977023

(FEI number, if applicable)

4. 6/18/2013

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. NA

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 1555 E. New Circle Rd #142-121 Lexington, KY 40509

(Principal office address)

(Current mailing address)

8. health education

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Rebecca Sowell

Office Address: 190 112th Avenue North #813

St Petersburg

(City)

Florida

33716

(Zip Code)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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.

Rebecca Sowell MSN RN Executive Director

(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 addresses of officers and/or directors

A. DIRECTORS

FILED

Chairman: Lisa Clifton
Address: One Macklem Drive
Wilmore, Ky 40390
Vice Chairman: Viktoria Safegna
Address: Po Box 13
Morehead, Ky 40351
Director: Audrey Boslego
Address: 215 S. Limestone ST #7
Lexington, KY 40508
Director: _____
Address: _____

B. OFFICERS

President/ Executive Director: Rebecca Sowell
Address: 190 112th Avenue North #813
St. Petersburg, FL 33716
Vice President: _____
Address: _____
Secretary: _____
Address: _____
Treasurer: Karen Manley
Address: 1525 Richard CT Lexington, KY 40515

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. [Signature] MSN RN Executive Director
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Rebecca Sowell MSN, RN Executive Director
(Typed or printed name and capacity of person signing application)

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 162173

Visit <https://app.sos.ky.gov/fshow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

LAMPLIGHTERS OF AMERICA, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is June 18, 2013 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 30th day of March, 2015, in the 223rd year of the Commonwealth.



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
162173/0860252

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FRANKFORT, KENTUCKY