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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/3/16

NAME: LYNUP CORPORATION

TYPE OF FILING: APPLICATION

COST: 78.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lynup Corporation

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:
Everardo Macias, Esq.

Name of Person
Macias & Associates

Firm/Company
750 B Street, Suite 3300

Address
San Diego, CA 92101

City/State and Zip code
emacias@maciaslawsd.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Everardo Macias 619 232-9375

Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
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 & 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.

- Lynup Corporation
1. _____
(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. CA _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 02/06/2012
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
- 801 Brickell Avenue- Suite 900- Miami, Florida 33131
7. _____
(Principal office address)
- 374 East H Street, Suite A-2, Chula Vista, CA 91910
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Florida Filing & Search Services, Inc
- Office Address: 155 Office Plaza Dr.
Tallahassee, Florida 32301
(City) (Zip code)
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.
- Abbie Hodge
(Registered agent's signature)
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.

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DEPARTMENT OF STATE

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

A. DIRECTORS

Chairman: Parvin Inkumsah
374 East H Street, Suite A-2
Address: Chula Vista, CA 91910

Vice Chairman: _____

Address: _____

Director: Parvin Inkumsah
374 East H Street, Suite A-2
Address: Chula Vista, CA 91910

Director: _____

Address: _____

B. OFFICERS

President: Parvin Inkumsah
374 East H Street, Suite A-2
Address: Chula Vista, CA 91910

Vice President: _____

Address: _____

Secretary: Parvin Inkumsah
374 East H Street, Suite A-2, Chula Vista, CA 91910

Treasurer: Parvin Inkumsah
374 East H Street, Suite A-2, Chula Vista, CA 91910

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

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. PARVIN INKUMSAH - PRES/CEO
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

FILED

2016 FEB -3 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ENTITY NAME:

LYNUP CORPORATION

FILE NUMBER: C3254649
FORMATION DATE: 02/06/2012
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of January 19, 2016.

ALEX PADILLA
Secretary of State