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2016 FEB 23 A 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 24 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lightwell Inc

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:

Lori Shepherd

Name of Person

Lightwell Inc

Firm/Company

565 Metro Place South, Suite 220

Address

Dublin, OH 43017

City/State and Zip code

lori.shepherd@lightwellinc.com

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

For further information concerning this matter, please call:

Lori Shepherd

at (614) 508-9019

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

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2016 FEB 23 A 9:09
TALLAHASSEE, FL
STATE SECRETARY

**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.**

1. Lightwell 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. Ohio 3. 35-2046899

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

(FEI number, if applicable)

4. 01/21/2009 (Incorporated in State of OH)

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 01/01/2015

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 565 Metro Place South, Suite 220, Dublin, OH 43017

(Principal office address)

(Current mailing address, if different)

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

Name: NRAI Services Inc

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324

(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.

Jenifer Vincent

Jenifer Vincent, VP and Asst. Sec.

(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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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Michelle Kerr

Address: 5194 Stratford Ave

Powell, OH 43065

Vice Chairman: Adam Heeter

Address: 7664 Red Emerald Way

Delaware, OH 43015

Director: Chad Mead

Address: 2479 Deseret Dr

Powell, OH 43065

Director: Trevor Richards

Address: 800 Brazos St, Unit 707

Austin, TX 78701

B. OFFICERS

President: Michelle Kerr

Address: 5194 Stratford Ave

Powell, OH 43065

Vice President: Adam Heeter

Address: 7664 Red Emerald Way

Delaware, OH 43015

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Michelle Kerr, President

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

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2010 FEB 23 A 9:09
TALLAHASSEE, FL
STATE DEPARTMENT OF
REVENUE

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show LIGHTWELL INC., an Ohio corporation, Charter No. 1830943, having its principal location in Westerville, County of Franklin, was incorporated on January 21, 2009 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 18th day of February, A.D. 2016.*

Jon Husted

Ohio Secretary of State

Validation Number: 201604900440