F16000003803

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
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08/23/16--01029--004 **70.00

LOWER WAY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Luminex Software, 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:
Name of Person
Luminer Software, Inc.
Firm/Company P.O. Box 5908
Riverside CA 92517-5908
City/State and Zip code Vhawley & Luminek.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person (at (951) 781-4100 X (14) Name of Person 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 Use \$78.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy Certified Copy 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.." "Co.," "Corp," "Inc." "Co," or "Corp.") (If name unavailable in Florida, enter afternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. 33-0614307

(FEI number, if applicable) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address:

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.

(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.

	11. Names and business addresses of officers and/or directors:
	A. DIRECTORS
	Chairman: Bran N. Hawley
	Address: 871 Marlborough Aue. Suite 100
	Riverside CA 92507
	Vice Chairman:
	Address:
	Director: Michael Saunders
	Address: 871 Marlborough Ave. Suite 100 8 8
	Ruerside, CA 92507
•	Director: Althur Tolsman Euro
	Address: 871 Marlborough Arc. Scite 100 8 8
	Liverside, CA 92507
	B. OFFICERS
	President: Michael C. Saunders
	Address: _ 871 Martborough Avec Sinte 100
	RIVERSIDE CA 92501
160	Vice President: ARthur Tolsma
	Address: 871 Mar Borough Ave, Sente 100
	Ruiers de 0A92507
	Secretary: Enc Christensen
	Address: 871 Marlborough Ave. Suite 100 Hieside
TO/0.	Transmer: Brian Hawley (1250)
101	Address: 871 Marlborough Ave. Suite 100 RIVERSIDE CIA 92507
	NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
	12. About
	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
	(Typed or printed name and capacity of person signing application)

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LUMINEX SOFTWARE, INC.

FILE NUMBER:

C1743740

FORMATION DATE:

05/06/1994

TYPE:

DOMESTIC CORPORATION

JURISDICTION: CA

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 August 12, 2016.

ALEX PADILLA Secretary of State