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Certified Copies	Certificates	of Status		
Special Instructions to I	Filing Officer:			
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Office Use Only



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2016

LISA SHELDON 558 ROYAL PALM DRIVE MELBOURNE, FL 32935

SUBJECT: 2LG CORPORATION Ref. Number: W16000066758

We have received your document for 2LG CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name of for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please conter the alternate corporate name in the space provided in number one of the application.

Please return 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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 216A00020852

# **COVER LETTER**

TO: Registration Sec Division of Corp						
SUBJECT:2	Lo Corpone	ATION				
	Name of corpora	ation - must inclu	de suffix			
Dear Sir or Madam:						
"Certificate of Existence	on by Foreign Corporation," or "Certificate of Good corporation to transact by	Standing" and ch	neck are subi			
Please return all correspo	ondence concerning this m	natter to the follow	ving:			
	LISA S	SHEL DON	)			
	LISA S Nam 2 L G Confe	e of Person	!			
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	<i>1</i> ?	Company	0		33	25
866	LOYAL PI	Address	<u> </u>		72	
MECT	BOURNE F	ate and Zip code	293	5	6 PH	
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	LSHELDILIL	& CMAII	L.Co	w	0	5,4
	E-mail address: (to be u	sed for future and	nual report n	otification)		
For further information of	concerning this matter, ple	ase call:				
LISA SHELDO	at (	29	0 - 22	28	<del></del>	
Name of Person	Area	Code Day	time Teleph/	none Number		
STREET/COUI Registration Sec Division of Corp Clifton Building	orations	Re Di	AILING AI egistration Se vision of Co O. Box 6327	ection rporations		
2661 Executive ( Tallahassee, FL		Ta	llahassee, Fl	L 32314		
Enclosed is a check for t	he following amount:					
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Fili Certified C	_	S87.50 Fill Certificat	te of Sta	

# 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.	2LG CONFORATION		
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"		
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")		
	$\gamma \cap \gamma \cap \gamma \cap \gamma = 1$		
	2LG POOL Corporation		
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in F	lorida	)
2.	GEORGIA, USA 3 46-5409482		
	(State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)		_
4	AURIL 10 2014 5 N/A		
7.	April 10, 2014 5. Date of incorporation) 5. (Date of duration, if other than perpetual	)	
6.	MONE FUNECTED POT 7 7	3/6	
U.	(Date first transacted business in Florida, if prior to registration)		<u> </u>
	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)		
7	552 ROVAL PALON DR. MELBUSANE FI	_	
' '.	558 Royac PACIN DR. MELBOUNNE FU (Principal office address)	<u>30</u>	735
	(Current mailing address, if different)		<del>-</del>
		<u></u>	Z E
8.	Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	<u> </u>	
		<del>⊤ti</del> Na	<b>三型</b> 一
	Name: <u>USA SHELDON</u>	ガ	
O	MECBOSANE, Florida 32935	P	<u> </u>
	2-02:	<del></del>	e <del>d</del>
	MECBOSANE, Florida 52935	<u>-</u>	E A
	(City) (Zip code)		_ <b>~</b>

## 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.

(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: Address: \_\_\_ Vice Chairman: Address: Director: Address: \_\_\_\_ Address: **B. OFFICERS** President: LIST SHELDOW Vice President: LEIGH (-ALDWER Address: 558 Rayar PACM DR. MELBOSRNE FL Secretary: Address: 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. LISA SHELDON PRESIDENT

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

Control Number: 14035926

# STATE OF GEORGIA

**Secretary of State** 

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### **2LG Corporation**

### a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve; an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed
Jurisdiction
Print Date
Form Number

: 13418255 : 04/09/2014 : Georgia : 09/22/2016



Brian P. Kemp Secretary of State