

# F1700000509

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

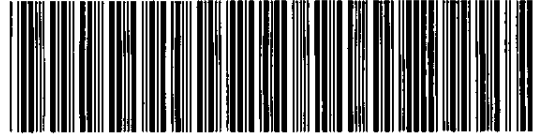
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

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FEB 03 2017

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302  
155 Office Plaza Dr Ste A Tallahassee FL 32301  
PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 2/2/17

**NAME:** LUMASCAPE, INC

**TYPE OF FILING:** APPLICATION

**COST:** 78.75

**RETURN:** CERTIFIED COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUMASCAPE, 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:

NACHMAN FLATT

\_\_\_\_\_  
Name of Person

NACHMAN FLATT & CO.

\_\_\_\_\_  
Firm/Company

5000 PARKWAY CALABASAS #107

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip code

CALABASAS, CA 91302    nfcpa@earthlink.net

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

For further information concerning this matter, please call:

NACHMAN FLATT, CPA

818

591-8898

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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.*

LUMASCAPE, INC.

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. CALIFORNIA 3. 72-1583474  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JULY 6, 2004 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. JANUARY 1, 2017  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 13406 GOLDFINCH DRIVE, LAKEWOOD RANCH, FLORIDA 34202  
(Principal office address)

1300 INDUSTRIAL ROAD #19. SAN CARLOS, CALIFORNIA 94070

(Current mailing address, if different)

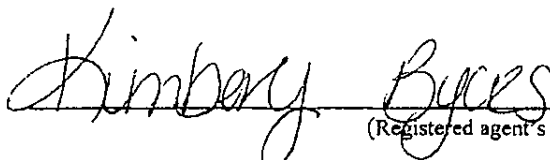
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: KIMBERLY BYARS

Office Address: 13406 GOLDFINCH DRIVE  
LAKEWOOD RANCH, Florida 34202  
(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.*

  
(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.

FILED  
17 FEB -2 AM 8:16  
SANTO DOMINGO

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**LUMASCAPE, INC.**

**FILE NUMBER:** C2617281  
**FORMATION DATE:** 07/06/2004  
**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 26, 2017.

A handwritten signature in black ink, appearing to read "Alex Padilla".

**ALEX PADILLA**  
**Secretary of State**

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

**A. DIRECTORS**

Chairman: MICHAEL AGUSTIN

Address: 1300 INDUSTRIAL ROAD #19  
SAN CARLOS, CALIFORNIA 94070

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: MICHAEL AGUSTIN

Address: 1300 INDUSTRIAL ROAD #19  
SAN CARLOS, CALIFORNIA 94070

Vice President: MICHAEL AGUSTIN

Address: 1300 INDUSTRIAL ROAD #19  
SAN CARLOS ROAD #19

Secy: MICHAEL AGUSTIN

Address: 1300 INDUSTRIAL ROAD #19, SAN CARLOS, CALIFORNIA 94070

Treasur: MICHAEL AGUSTIN

Address: 1300 INDUSTRIAL ROAD #19, SAN CARLOS, CALIFORNIA 94070

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

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. MICHAEL AGUSTIN, DIRECTOR AND OFFICER.

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

FILED  
17 FEB -2 AM 8:16  
SAN CARLOS