

FI7000002560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

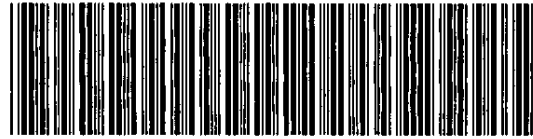
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W7-41949

Office Use Only



100299040331

05/15/17--01032--013 **78.75

FILED
2017 JUN -5 P 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 06 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2017

DEBORA J. HOEHN
10201 S. US HWY 27, UNIT #6
CLERMONT, FL 34711-9700

SUBJECT: NORTHERN LIGHTS, INC.
Ref. Number: W17000041949

We have received your document for NORTHERN LIGHTS, INC. 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 for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp. Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L15000107302.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 517A00009849

May 31, 2017

Form has been updated. Thank you for your assistance

Sincerely

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TALLAHASSEE, FLORIDA
JUN - 5 PM 4:49

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTHERN LIGHTS, 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:

Debora J. Hoehn, Secretary

Name of Person

Northern Lights, inc.

Firm/Company

10201 S. US Hwy 27, Unit #6

Address

Clermont, FL 34711-9700

City/State and Zip code

deb.hoehn2015@gmail.com

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

For further information concerning this matter, please call:

Debora J. Hoehn

361

230-1280

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.*

NORTHERN LIGHTS, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

Northern Lights (NV), Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEVADA 3. 80-0921069
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. APRIL 5, 2013 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)

10201 S. US Hwy 27, Unit #6, Clermont, FL 34711-9700

7. _____
(Principal office address)
- _____
(Current mailing address, if different)

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

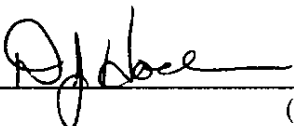
Name: Debora J Hoehn

Office Address: 10201 S. US Hwy 27, Unit #6

Clermont, Florida 34711-9700
(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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Robert L Hoehn

Address: 10201 S. US Hwy 27, Unit #6
Clermont, FL 34711-9700

Vice Chairman:

Address:

Director: Robert L. Hoehn

Address: 10201 S. US Hwy 27, Unit #6
Clermont, FL 34711-9700

Director:

Address:

B. OFFICERS

President: Robert L Hoehn

Address: 10201 S. US Hwy 27, Unit #6
Clermont, FL 34711-9700

Vice President:

Address:

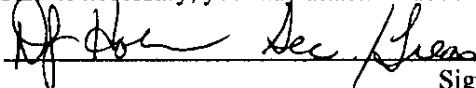
Secretary: Debora J Hoehn

Address: 10201 S. US Hwy 27, Unit #6, Clermont, FL 34711-9700

Treasurer: Debora J. Hoehn

Address: 10201 S. US Hwy 27, Unit #6, Clermont, FL 34711-9700

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. Debora J. Hoehn, Secretary/Treasurer

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

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NORTHERN LIGHTS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 5, 2013, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 12, 2017.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Electronic Certificate
Certificate Number: C20170512-0931
You may verify this electronic certificate
online at <http://www.nvsos.gov/>