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(Requestor's Name)	
(Address)	700300336697
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(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	FILED STOLE MATOR STATE STOLE MATOR STATE MALLAHASSEE, FLORID,
Office Use Only	
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COVER LETTER

TO: Registration Section Division of Corporations

SGL Concepts, 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:

Sandra G. Lipkowitz

	Name of Per	son	
SGL Concepts Inc.			
	Firm/Compa	ny .	
1945 Broadway, #505	-	· ·	. ,
	Address		
San Francisco, CA 94109-2214			
· · · · · · · · · · · · · · · · · · ·	<u> </u>	77 1.	···
	City/State and	Zip code	
nfo@WcMakeTravelEasy.com			
E-mail addres	s: (to be used for	future annual report no	tification)
For further information concerning this r	natter, please call	:	
	415	031 1045	
Sandra G Lipkowitz	415 at ()	931-1945	SST 6 E
Name of Person	Area Code	Daytime Telepho	one Number The I
			E.C. F
STREET/COURIER ADDRES	S:	MAILING AD	DRESS:
Registration Section		Registration Sec	
Division of Corporations		Division of Cor	
Clifton Building		P.O. Box 6327	-
2661 Executive Center Circle		Tallahassee, FL	. 32314
Tallahassee, FL- 32301			
	•		
Enclosed is a check for the following am	iount:		
□ \$70.00 Filing Fee □ \$78.75 Filir	ng Fee & 🗖 S	78.75 Filing Fee &	\$ \$87.50 Filing Fee,
Certificate		Certified Copy	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.

SGL Concepts, Inc.

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

California		46-5502399	
(State or countr	y under the law of which it is incorporated)	3 (FEI number, if applicable)	
April 9, 2014		5	
(Date	of incorporation)	5(Date of duration, if other than perp	etual)
n/a			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607	s in Florida, if prior to registration) .1502, F.S., to determine penalty liability)	
1945 Broadway H	505, San Franciosco, CA 94109-2214		
	(Prin	cipal office address)	
same			
	(Current mai	iling address, if different)	
	,		
Name and stre	et address of Florida registered agent: (I	P.O. Box <u>NOT</u> acceptable)	
Name and <u>stre</u> Name:	Terry E. Lewis		
			17 1
Name:	Terry E. Lewis Lewis Longman and Walker, P.A. 515 N. Flagler Dr, Suite 1500		17 Jun 17

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

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rman:	Sandra G Lipkowitz
	1945 Broadway #505
	San Francisco, CA 94109-2214
- Chair	man:
ess:	
-	
or:	n/a
or:	n/a
FFI	CERS
	Sandra G Lipkowitz $= 1009$
	1945 Broadway #505
	San Francisco, CA 94109-2214
	n/a
	dent:
ss:	
	Sandra G Lipkowitz
ary:	
ss:	Sandra G Linkowitz
irer:	1945 Broadway #505, San Francisco, CA 94109-2214
ss:	1945 Broadway #505, San Francisco, CA 94109-2214
E:	If pecessary, you may attach an addendum to the application listing additional officers and/or directors.
	Dandera A Tipkount
ue a	Signature of Director of Officer er or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes gree felony as provided for in s.817.155, F.S.
	lra G Lipkowitz, President

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SGL CONCEPTS, INC.

FILE NUMBER: FORMATION DATE: TYPE: JURISDICTION: STATUS: C3665241 04/09/2014 DOMESTIC CORPORATION CALIFORNIA 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 June 02, 2017.

ALEX PADILLA Secretary of State