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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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18 JAN 17 PM 2:49
SULLY ASSOCIATES, FLORIDA

JAN 18 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUMITHERA, 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:

CLARK E. TEDFORD

Name of Person

LUMITHERA, INC.

Firm/Company

19332 POWDER HILL PL NE

Address

POULSBRO, WA 98370-7406

City/State and Zip code

CTEDFORD@LUMITHERA.COM

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

For further information concerning this matter, please call:

CLARK TEDFORD

Name of Person

at (

360)

Area Code

536-5119

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.

1. LUMITHERA, INC.

(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. DELAWARE

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. APRIL 17, 2013

(Date of incorporation)

5. _____

(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)

7. 19332 POWDER HILL PL NE POULSBORO, WA 98370

(Principal office address)

(Current mailing address, if different)

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

Name:

DUANE R. MORRISON

Office Address:

508 ANDROS LN

INDIAN HARBOUR BEACH

(City)

, Florida

32937

(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.

18 JAN 17 PM 2:49
CLERK SEC. FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Director Vice-Chairman: CLARK TEDFORD

Address: 19332 POWDER HILL PL NE
POULSBORO, WA 98370

Director: Art Taylor

Address: 19332 POWDER HILL PL NE
POULSBORO, WA 98370

Director: Yang Yigang

Address: 19332 POWDER HILL PL NE
POULSBORO, WA 98370

B. OFFICERS

President: CLARK TEDFORD

Address: 19332 POWDER HILL PL NE
POULSBORO, WA 98370

Vice President: _____

Address: _____

Secretary: Clark Tedford

Address: 19332 POWDER HILL PL NE POULSBORO, WA 98370

Treasurer: _____

Address: _____

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

12. Clark P. Tedford

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. CLARK TEDFORD

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

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TALLAHASSEE, FLORIDA

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUMITHERA, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUMITHERA, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

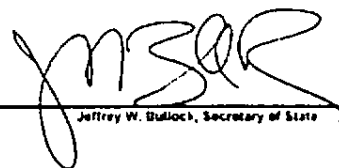
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DELAWARE SECRETARY OF STATE
J. E. L.



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SR# 20180095552

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 201927273

Date: 01-05-18