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JAN 26 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAZY EYES PRODUCTIONS, INCORPORATED

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:

KAIT ZECH, CPA

Name of Person

PKF O'CONNOR DAVIES, LLP

Firm/Company

20 COMMERCE DRIVE, SUITE 301

Address

CRANFORD, NJ 07017

City/State and Zip code

KZECH@PKFOD.COM

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

For further information concerning this matter, please call:

KAIT ZECH, CPA

908

967

956-6862

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.*

LAZY EYES PRODUCTIONS, 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)

CALIFORNIA

11-3237927

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

11/04/1994

PERPETUAL

4. _____ 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)

C/O PKF O'CONNOR DAVIES, LLP

7. _____
(Principal office address)

20 COMMERCE DRIVE, SUITE 301, CRANFORD, NJ 07016

(Current mailing address, if different)

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

Name: REGISTERED AGENTS, INC.

Office Address: 3030 N. ROCKY POINT DRIVE, SUITE 150A

TAMPA

33607

(City)

Florida (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.

Kate J. Ar Registered Agents, Inc.
(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: N/A

Address:

Vice Chairman: N/A

Address:

Director: N/A

Address:

Director:

Address:

B. OFFICERS

President: JAMES BREUER

Address: C/O PKF O'CONNOR DAVIES, LLP

20 COMMERCE DRIVE, SUITE 301, CRANFORD, NJ 07016

Vice President: N/A

Address:

Secretary: N/A

Address:

Treasurer: N/A

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 here 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. James Breuer

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LAZY EYES PRODUCTIONS, INC.

FILE NUMBER: C1916162
FORMATION DATE: 11/04/2014
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 16, 2018.

ALEX PADILLA
Secretary of State