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3239628300 From: Meghan Smit

3/12/2018

Division of Corporations

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600

Fax Number

: (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_

SECOND REQUEST - original submission 3/12/2018

## FOREIGN PROFIT/NONPROFIT CORPORATION EQUILUX, INC.

Certificate of Status	U
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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Corporate Filing Menu

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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EQUILUX, INC.	
(Name of corporation - must include suffix)	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Bus "Certificate of Existence," and check are submitted to register the above referenced for transact business in Florida.	
Please return all correspondence concerning this matter to the following:	1
Cheyenne Moseley	
(Name of Person)	
Legalzoom.com, Inc.	
(Firm/Company)	
101 N. Brand Blvd 11th Floor	
(Address) {-	
Glendale, CA 91203	
(City/State and Zip code)	
For further information concerning this matter, please call:	
Cheyenne Moseley at (800 ) 773-0888ext9724	l b X
(Name of Person)  STREET ADDRESS:  Registration Section Division of Corporations 409 E. Gaines St.  (Area Code & Daytime Telephone N  MAILING ADDRI Registration Section Division of Corporations P.O. Box 6327	ESS:
Tallahassee, FL 32399 Tallahassee, FL 32	114
Enclosed is a check for the following amount:	
☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ Certificate of Status Certnied Copy	\$87.50 Filing Fee. Certificate of Status & Certified Copy

To:

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLOR: DA

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. EQUILUX, INC. l. (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 dusiness in Florida) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 11471 Business Blvd, Unit 772606, Eagle River, AK 99577 (Principal office add-ass) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) United States Corporation Agents, Inc. Name: 13302 Winding Oak Court, Suite A Office Address: Tumpa (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated exproration at the place

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.

Cheyenne Moseley, Assistant Secretary on behalf of United States Corporation 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;			
Address:			
Vice Chairman:			
•			
Director: Maria Talasz			
P.O. Box 773403 Address:			
Eagle River, AK 99577			
Director:			
Address:			
B. OFFICERS			
Maria Talasz President:			
P.O. Box 773403 Address:			
Engle River, AK 99577			
Clint Reuter Vice President:			
P.O. Box 773403			
Eagle River, AK 99577			
Maria Talasz Secretary:			
P.O. Box 773403, Eagle River, AK 99577 Address:			
Maria Talasz Treasurer:			
P.O. Box 773403, Eagle River, AK 99577 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 it 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.  Maria Tulasz, President			
13. (Typed or printed name and capacity of person signi	ng application)		

