## F180000034160

(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:

Office Use Only



900316052409

07/24/18--01022--013 \*\*75.00

ZIII JUL 24 PH 4: 42
SECRE JARY OF STATE
TALLAHASSEE FLORIDA

D. BRUCE JUL 28 2018

## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT:	ine Enterp	rises, Inc.	
		on - must include suffix	
Dear Sir or Madam:			
The enclosed "Application of Certificate of Existence," of above referenced foreign co	or "Certificate of Good St	tanding" and check are sub	
Please return all correspond	ence concerning this mat	ter to the following:	
De	rick Lau	R	
	Name o	of Person	
Lané	2 Enterpr	iscs, inc.	
	Firm/Co	ompany	
40	00 SW 19	1 ST	
0.5	Add	dress	700 DZ 29
	t MUK,	Florida 3	) 50 Z 5E 1
dem	City/State	and Zip code	am En I
	E-mail address: (to be use	d for future-annual report i	notification)
For further information con-		·	
DUICK Name of Person	at ( <u>951</u>	1 274-9. Ode Davtime Telep	580 \$# <b>5</b>
Name of Person	Area Ci	ode Daytime Felep.	none (vanoe)
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 32	n ations ater Circle	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for the	following amount:		
S70.00 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.	
I MAR. FINHERNIGHT. INC	
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	
Lane Enterprises FL, Inc.	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2. <u>Delauxire</u> 3. 45-4299604	
(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. 12/27/2011 s. Der Detudi 25 2	
(Date of incorporation) (Date of duration, if other than perpetual)	
6. N/A	-
(Date first transacted business in Florida, if prior to registration)  (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	m
2 4600 SW 19 ST WEST DARK FL 33833	7
(Principal office address)	*
(Current mailing address, if different)	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	. 🗆 1
Name: Of the Barrister Firm, P.A. CK GOOD THE BARRISTER FIRM	U,KA.
Office Address: (\$600) NW 183rd Price (WM BIVO #3760 600 NW 1836	Det.
Miami Gardensi Florida 39/31 MIAMI GARDE	
(0)	$O_{i}$
23/67	
9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the pla	
fesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacit	ice v. I
further agree to comply with the provisions of all statutes relative to the proper and complete performance of my futies, and I am familiar with and accept the obligations of my position as registered agent.	•
unies, and I am jumitial 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 Chairman: Vice Chairman: Director: B. OFFICERS Vice President: \_\_ \_\_\_ Address: \_\_\_\_\_ West Park, Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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.

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

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LANE ENTERPRISES, 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 SEVENTEENTH DAY OF JULY, 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 "LANE

ENTERPRISES, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF

DECEMBER, A.D. 2011.

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



Juffrey W. Bidlock, Secretary of State

Authentication: 203074809

5086565 8300 SB# 30185606563