# F19000000177

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status	<del>.</del>					
Special Instructions to Filing Officer:						





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### **COVER LETTER**

TO:	Registration Section Division of Corpora						
SUBJ	ECT: JENLAR LIG	HTING & CHEMICAL PR	ODI	JCTS, INC.			
Name of corporation - must include suffix							
Dear S	ir or Madam:						
"Certif	icate of Existence,"	by Foreign Corporation for "Certificate of Good Sorporation to transact bus	tand	ing" and check are sub			
Please	return all correspond	lence concerning this ma	tter 1	o the following:			
SANDE	RA STEIN_						
		Name	of P	erson			
JENLA	R LIGHTING & CHE	MICAL PRODUCTS, INC					
		Firm/C	omp	any	<u> </u>		
6365 C	OLLINS AVE UNIT 2	304		_			
		Ad	dres	s	•		
МІАМІ	BEACH, FLORIDA	33141					
		City/Stat	e an	d Zip code	<del></del>		
SANDE	RADSTEINI@GMAII	COM					
	ì	-mail address: (to be use	d fo	r future annual report n	otification)		
For fur	ther information con	cerning this matter, pleas	ie ca	II:			
SANDE	SANDRA STEIN at (215) 838-1751						
	Name of Person	Area C	ode	Daytime Teleph	none Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclose	ed is a check for the	following amount:					
<b>×</b> \$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. JENLAR LIGH	TING & CHEMICAL PRODUCTS, INC.					
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "fnc.," "Co.," "Corp.," "Inc.," "Co,," or "Corp.")						
(If name unavail	able in Florida, enter alternate corporate na	me ado	pted for the purpose of transacting busine	ess in Florida)		
2. PENNSYLVAN	NIV	3	22-2901210			
(State or counti	ry under the law of which it is incorporated	)	(FEI number, if applicable)			
4. AUGUST 2, 20	17	5.				
(Date of incorporation) (Date of duration, if other t		(Date of duration, if other than per	rpetual)			
6. JANUARY 1. 2	2019					
	(Date first transacted busine		orida, if prior to registration)	<u> </u>		
	(SEE SECTIONS 607,1501 & 60	7.1502	, F.S., to determine penalty liability)			
7.6365 COLLINS						
	(Pri	ncipal	office address)			
~	(Current m	ailing a	ddress, if different)	<del></del>		
8. Name and street	et address of Florida registered agent:	(P.O. 1	Box NOT acceptable)	330		
Name:	SANDRA COLLINS		<del>-</del>	27		
Office Address:	6365 COLLINS AVE. UNIT 2304		<del>_</del>			
	МІАМІ ВЕАСН		Florida <u>33141</u>	- · · · · · · · · · · · · · · · · · · ·		
	(City)		(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 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 applica the Department of State, by the Secretary of State or other official having custody of corporate records in the juriscunder the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:	
A. DIRECTORS	
Chairman:	# 15 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address:	<u> </u>
Vice Chairman:	56
Address:	
Director:	
Address:	
Director:	
Address:	<del></del>
B. OFFICERS	
President: NEIL I. STEIN	<del></del>
Address: 6365 COLLINS AVE. UNIT 2304	
MIAMI BEACH, FLORIDA 33141	· · · · · · · · · · · · · · · · · · ·
Vice President: SANDRA D. STEIN	
Address: 6365 COLLINS AVE. UNIT 2301	
MIAMI BEACH, FLORIDA 33414	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing addition  12.  Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) are true and that he or she is aware that false information submitted in a document to a third degree felony as provided for in s.817.155, F.S.	affirms that the facts stated herei
13. <u>SANDRA D_STEIN_VICE-PRESIDENT</u> (Typed or printed name and capacity of person signing appli	cation)

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

12/19/2018



#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

JENLAR LIGHTING & CHEMICAL PRODUCTS, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

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IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Robert Lanes

Certification Number: TSC181219121059-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify