

Division of Corporations

Florida Department of State
Division of Corporations
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(((I190001509113)))



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To: Division of Corporations
Fax Number : (850)617-6383

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2019 MAY -8 PM 4:42

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

Email Address: kathy@apiprocessing.com

FOREIGN PROFIT/NONPROFIT CORPORATION
WLS Lighting Systems, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Y SCOTT

MAY -9 2019

Pg: 1065



May 8, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

API PROCESSING

SUBJECT: WLS LIGHTING SYSTEMS, INC.
REF: W19000044741

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please check the spelling in the entity name,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Brooke N Kinsey
Regulatory Specialist IIFAX Aud. #: H19000150911
Letter Number: 419A00009184

Thank you!

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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.

WLS Lighting Systems, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. _____ Texas _____ 75-2513429
(State or country under the law of which it is incorporated) (FEI number, if applicable)
November 19, 1993 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)
1919 Windsor Place, Fort Worth, TX 76110

7. _____
(Principal office address)
1919 Windsor Place, Fort Worth, TX 76110

(Current mailing address, if different)

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

Name: API Processing - Licensing, Inc.

Office Address: 3419 Galt Ocean Drive, Suite A

Fort Lauderdale _____ Florida 33308
(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. 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.

Kelly Ballman

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dean A. Pritchard

Address: 1919 Windsor Place, Fort Worth, TX 76110

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

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 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.

Dean A. Pritchard, President

13. _____

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

David Whitley
Secretary of StateCorporations Section
P.O.Box 13697
Austin, Texas 78711-3697**Office of the Secretary of State****Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for WLS LIGHTING SYSTEMS, INC. (file number 129166100), a Domestic For-Profit Corporation, was filed in this office on November 19, 1993.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 03, 2019.

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2019 MAY -8 PM
TALLAHASSEE, FLORIDA

A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley
Secretary of State

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