## F200000334

(Dan)	and Alaman	
(Requ	uestor's Name)	
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(/\ddi	c33,	
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Busi	ness Entity Na	me)
(Docu	ument Number)	)
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US 8/a/20

## **COVER LETTER**

Division of Corporations	
SUBJECT: WKDESIGNS INC.	
Name of corpor	ration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporatio" Certificate of Existence." or "Certificate of Good above referenced foreign corporation to transact b	
Please return all correspondence concerning this n	natter to the following:
Warren K. Kong	
Nan	ne of Person
WKDESIGNS INC.	. ~ .
Firm	/Company
9664 Неппоsa Ave.	
	Address
Rancho Cucamonga, CA 91730	
•	tate and Zip code
wkong@lightswitch.net	16 Communication
E-mail address: (to be t	ised for future annual report notification)
For further information concerning this matter, ple	ease call:
Warren Kong 321	239-2792
Name of Person Area	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTM  \$70.00 Filing Fee \$78.75 Filing Fee &  Certificate of Status	IENT OF STATE  ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee,  Certified Copy 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.

"Inc.," "Co" "Co	orporation: must include "INCORPORATE orp." "Inc." "Co," or "Corp.")			
LIGHTSWITCH	LINC.			
(If name unavaila	ble in Florida, enter alternate corporate na	ne adopted for the purpose of transacting	g business in Florida)	
California		3(FEI number, if app		
(State or country	y under the law of which it is incorporated)	(FEI number, if app	ilicable)	
(Date	of incorporation)	(Date of duration, if other t	(Date of duration, if other than perpetual)	
9664 Hermosa A	(SEE SECTIONS 607,1501 & 60 vc., Rancho Cucamonga, CA 91730	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liabili	ty)	
	(Principal	office street address)		
	(Current ma	niling address, if different)		
Name and stree	et address of Florida registered agent: (	P.O. Box <u>NOT</u> acceptable)	202 ::::	
Name:	Manuel Del Rio	_		
Tice Address:	755 Grassy Stone Dr.	<del></del>	2020 JUL 22 FH	
Thee Tradition.	Winter Garden	, Florida		
	(City)	(Zip code)	PH 3: 20	
			,	

further agree to comply with the provisions of all statutes relati 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 application the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdict under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	,			
□ Chairman	Name:	⊟Chairman	Name:	
□Vice Chairman	9664 Hermosa Ave. Address:	□Vice Chairman	Address:	
■Director	Rancho Cucamonga, CA 91730	☐Director		
<b>≡</b> President		□President		
□Vice President		□Vice President		
■ Secretary	☐ Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other		Other
i     □Charrman	Name:	□Chairman	Name:	
□ Vice Chairman	Address:	□ Vice Chairman	Address:	
□Director		□Director		2020 JU
□ President		□President		· · · · · · · · · · · · · · · · · · ·
□Vice President		□ Vice President		
☐Secretary	☐Treasurer	☐ Secretary		تب Treasurer تب
Other	Other	Other		Other 3
	Name:	□ Chairman	Name:	
□Chairman				
	n Address:	□ Director		
□Director		President	<u> </u>	
□President		□Vice President		
	☐ Treasurer	☐ Secretary		□Treasurer
☐ Secretary	_	Other		□Other
Other	. He an attachment to report more than six (6). The	attachment will be imag	ed for reporting	
individuals may	be added to the index when filing your Florida Depar	riment of State Annual P	cepore rorm.	
12	Signature of Direc	tor or Officer	<del></del>	
The officer or dishe is aware that s.817.155, F.S.	Signature of Director signing this document (and who is listed in manifold in information submitted in a document to the De	tor of Officer	that the facts sta	ted herein are true on i that



I. ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: V

WKDESIGNS INC.

File Number:

C3695806

Registration Date:

07/21/2014

**Entity Type:** 

DOMESTIC STOCK CORPORATION

Jurisdiction:

**CALIFORNIA** 

Status:

ACTIVE (GOOD STANDING)

As of July 1, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



and affix the Great Seal of the State of California this day of July 2, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: NZ1Q4XR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <a href="mailto:bebizfile.sos.ca.gov/certification/index">bebizfile.sos.ca.gov/certification/index</a>.