F20000003467

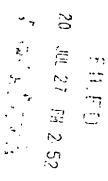
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: 8/10 Peceived permission to make Or rections to Reg. Agent hame from MS Chambers. UC
8/12 _{DC}
N2-61219

Office Use Only



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COVER LETTER

TO: Registration S Division of C				
SUBJECT: Lockett	In Global Solution	s, Inc		
30b3Ect	Name	of corporation	- must include suffix	
Dear Sir or Madam:				
	nce," or "Certificate	e of Good Stan	Authorization to Transact ding" and check are submass in Florida.	
Please return all corre	spondence concerr	ing this matter	to the following:	
Frieda L. Chambers				
		Name of	Person	
Lockett In Global Solu	itions, Inc			
,		Firm/Com	npany	
21550 Oxnard St. Ste	630			
		Addre	ess	
Woodland Hills, CA 9	1367			
		City/State a	nd Zip code	
frieda@lockettnhome:	s.com			
	E-mail addres	s: (to be used f	or future annual report no	tification)
For further informatio	n concerning this r	natter, please c	all:	
Frieda L. Chambers		240 at (832-4804	20
Name of Pers	son	Area Code	e Daytime Telepho	ne Number U
Registration S Division of Co The Centre of	orporations Tallahassee oe Street, Suite 81		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion : $\frac{1}{2}$ Dorations: 2
Enclosed is a check fo Please make check paya \$70.00 Filing Fee		EPARTMENT ig Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certificate of Status Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Lockett In Global Solutions, INC. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") **LNH Realty** off name imavailable, enter alternate name adopted for the piapose of nansacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "L.L.C.") 262844967 Los Angeles County (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) September 19, 2019 (Date first transacted business in Florida, if prior to regustration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1133 Bal Harbor Blvd, Ste 1139, PMB 184 1133 Bal Harbor Blvd, Ste 1139, PMB 184 (Street Address of Principal Office) (Mailing Address) Punta Gorda, FL 33950 Punta Gorda, FL 33950 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Frieda L Chambers Name: 1133 Bal Harbor Blvd, Ste 1139, PMB 184 Office Address:

Registered agent's acceptance:

Punta Gorda

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

(Registered agains signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Frieda L. Chambers Adonis D. Lockett Manager Manager Manager Address: ____ 900 Blossemwood Ct Member Member Address: Punta Gorda, FL 33982 Arlington, TX 76017 Authorized Authorized Person Person Other Other____ Other Other____ Terry Records Name: Manager Manager 13180 N. Cleveland Ave. Address: []Member Member | Address: Suite 234 Authorized Authorized North Fort Myers, FL 33903 Person Person Other____ Uther____ Uther____ Other Manager Manager Name: _____ Member Address: Member Authorized Authorized Person Person Other □Öther_ Other___ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form, 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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 of signee

Frieda L. Chambers



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

Entity Name: LOCKETT IN GLOBAL SOLUTIONS, INC

File Number: C4544938 Registration Date: 12/30/2019

Entity Type: DOMESTIC STOCK CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of July 7, 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.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 8, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: AR4XPWR

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.

frieda@lockettnhomes.com

From: OnlineWebEvent@dos.state.fl.us

Sent:Saturday, March 7, 2020 3:32 AMTo:FRIEDA@LOCKETTNHOMES.COM

To: FRIEDA@LOCKETTNHOMES.COM Subject: LLC Withdrawal - M19000010743

Flag Status: Flagged

Re: Document Number M19000010743

The Application for Withdrawal of Authority was filed on March 06, 2020, for LOCKETT IN GLOBAL SOLUTIONS, LLC, a California limited liability company which was authorized to transact business in Florida.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Division of Corporations



June 17, 2020

FRIEDA L. CHAMBERS LOCKETT IN GLOBAL SOLUTIONS, INC. 21550 OXNARD ST. STE 630 WOODLAND HILLS, CA 91367 US

SUBJECT: LOCKETT IN GLOBAL SOLUTIONS, INC.

Ref. Number: W20000061219

The document must contain both the street address of the principal office and the mailing address of the entity.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Laura D Chang Regulatory Specialist II

Letter Number: 520A00011932