

F20600005471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

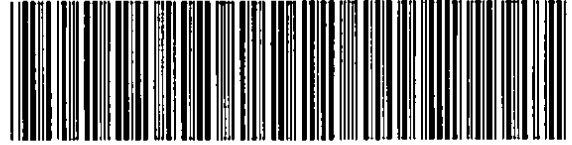
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SECRETARY OF
TALLAHASSEE COUNTY

2020 NOV 20 AM 9:18

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DEC - 7 2020
K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LASCOM2

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
TROY LYNCH

Name of Person

LASCOM2

Firm/Company

560 WEST MAIN STREET SUITE C156

Address

ALHAMBRA, CALIFORNIA 91801

City/State and Zip code

ACCOUNTING@LASCOM2.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MEGAN LYNCH

866

805-6070

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$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.

LASCOM2, INCORPORATED

1. _____

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
CALIFORNIA 61-1508186

2. _____ 3. _____

(State or country under the law of which it is incorporated)
9/18/2006

(FEI number, if applicable)

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).

7. _____

11214 EAST MARTIN LUTHER KING JR. BLVD.
Suite 245, SHEFFNER, FL 33584

(Current mailing address, if different)

(Same)

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

Name:

TROY LYNCH

Office Address:

11214 EAST MARTIN LUTHER KING JR
BLVD. SUITE 245
SHEFFNER

33584

(City)

Florida

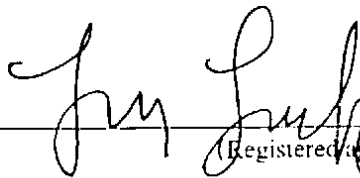
(Zip code)

2008 NOV 20 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.



(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

SANDRA ALFARO-LYNCH

Chairman:

560 WEST MAIN STREET SUITE C156

Address:

ALHAMBRA, CALIFORNIA 91801

TROY LYNCH

Vice Chairman:

560 WEST MAIN STREET SUITE C156

Address:

ALHAMBRA, CALIFORNIA 91801

SANDRA ALFARO

Director:

560 WEST MAIN STREET SUITE C156

Address:

ALHAMBRA, CALIFORNIA 91801

Director:

Address:

B. OFFICERS

SANDRA ALFARO-LYNCH

President:

560 WEST MAIN STREET

Address:

SUITE C156, ALHAMBRA CALIFORNIA 91801

TROY LYNCH

Vice President:

560 WEST MAIN STREET

Address:

SUITE C156, ALHAMBRA CALIFORNIA 91801

SANDRA ALFARO-LYNCH

Secretary:

SUITE C156, ALHAMBRA CALIFORNIA

Address:

TROY LYNCH

Treasurer:

560 WEST MAIN STREET, SUITE C156 ALHAMBRA, CALIFORNIA 91801

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.

SANDRA ALFARO-LYNCH

13.

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

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LASCOM2

FILE NUMBER: C2843210
FORMATION DATE: 09/18/2006
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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

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 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 August 14, 2020.

ALEX PADILLA
Secretary of State