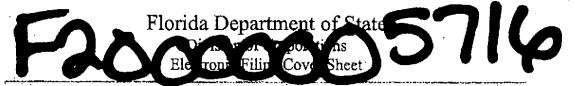
12/17/2020

Division of Corporations



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(((H20000431968 3)))



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Division of Corporations

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; (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

: (727)442-1200

Fax Number

; (727)443-5829

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

	Address			
L M S I I	CAULDECS.			

## FOREIGN PROFIT/NONPROFIT CORPORATION

Lumar Wyoming Corp.

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

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DEC 23 2020

## APELICATION BY FOREIGN CORPORATION FOR AUTHORIDATION TO TRANSACT.

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.

LUMAR CORF				
(Enter name of c	corporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	, <sup>n</sup>	
LUMAR WYO	MING CORP.			
Of name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting	business in Florida)	
2. WYOMING	3			
	y under the law of which it is incorporated)	(FEI number, if upp	olicable)	
4. December 11, 2	5.			
(Date	of incorporation)	5		
6				
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 2, F.S., to determine penalty liabilit	у)	
, 64 SOMERSET	ST APT 2 CLEARWATER, FL 33767	·		
·	(Principal offic	e <u>street</u> address)		
	·			
	(Current mailing	address, if different)	15 6	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	100 <b>** DEC</b>	_
Name:	ALAN S. GASSMAN		22.2	;
Office Address:	) 245 COURT STREET			-
	CLEARWATER	, Plorida 33756	22 B	. <u>.</u>
	(City)	(Zip code)		
designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes re with and accept the obligations of my pos	ent as registered agent and agree ative to the proper and complete	e to act in this capaci	ty. I
	(Registered agent's sig	nature)		

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

Ř

A. DIRECTORS			
DChairman	Name: LUIGI NOVEMBRE		Name:
□Vice Chairman	Address: 64 SOMERSET ST APT 2	□Vice Chairman	Address:
Director	CLEARWATER FL 33767	Director	
President		□President	
□Vice President		□Vice President	
Secretary	□Trcasurer	☐ Scoretary	□'Treasurer
Other	Other	Other	Other
•			
⊐Chairman	Name:	☐ Chairman	Name:
DVice Chairman	Address:	□Vice Chairman	Λddr <b>ess</b> ;
Director		Director	
□Prosident		□President	
JVice President		□Vice President	
]Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	☐Other	Other	Other
	Name:		Name:
	Address:	□Vice Chairman	Address:
Director		Director	·
		□President _	
Vice President		□Vice President	· · · · · · · · · · · · · · · · · · ·
Socretary	☐Treasurer	☐ Secretary	CTreasurer
10ther	Other	□Other	□Other
diateners with be R	se an attachment to report more than six (6). The dded to the index when filing your Florida Dep	e attachment will be imaged i artment of State Annual Repo	for reporting purposes only. Non-indexed ort form.
·	ug Noumbre Signature of Dire	ctor or Officer	

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

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

## **Lumar Corp**

is a **Profit Corporation** 

formed or qualified under the laws of Wyoming did on **December 11**, **2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000964466**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 22nd day of December, 2020 at 11:32 AM. This certificate is assigned ID Number 041060217.



Secretary of State