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TO A SEASON OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: illumixx, Inc.			
	corporation -	- must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corp "Certificate of Existence," or "Certificate of above referenced foreign corporation to trans	Good Stand	ling" and check are submitte	
Please return all correspondence concerning	this matter	to the following:	
Richard E. Whitaker			
	Name of P	Person	
Richard E. Whitaker, P.A.			
	Firm/Comp	pany	
P.O. Box 540919			
	Addre	SS	
Orlando, Florida 32854-0919			
. (City/State an	d Zip code	_
whitakerlaw@att.net			
E-mail address: (to be used fo	or future annual report notifi	cation)
For further information concerning this matter	ter, please ca	all:	
Richard Whitaker	407	835-3778	
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 ADDR Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	on rations
Enclosed is a check for the following amount Please make check payable to: FLORIDA DEP \$70.00 Filing Fee	ARTMENT Fee &		\$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.

illumixx, Inc.			
(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc." "Co," or "Corp.")	." "COMPANY," "CORPORATI	ON,"
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transac	ting business in Florida)
Delaware 2.	3	85-3638104	
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)	
4. October 22, 202	5.		
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6			
7 6990 Lake Ellend	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1 or Drive, Orlando, Florida 32809	in Florida, if prior to registration) 502, F.S., to determine penalty liab	oility)
··		fice street address)	
	(Current maili	ng address. if different)	21
8. Name and stree	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	里 三
Name:	Huntly Christie	<u>_</u>	23 23
Office Address:	.6990 Lake Ellenor Drive		PA L
	Orlando	Florida ³²⁸⁰⁹	1: 18 1: 18 1: 18
	(City)	(Zip code)	· W

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.

A. DIRECTORS Huntly Christie ■Chairman Name: □ Chairman Name: 6990 Lake Ellenor Drive Address: __ Address: _ ☐ Vice Chairman ☐ Vice Chairman Orlando, Florida 32809 ☐Director □ Director President □President □ Vice President □Vice President □ Secretary ☐Treasurer □ Secretary ☐Treasurer □Other _____ □Other ☐Other ____ □ Chairman Name: ☐ Chairman Name: _____ □ Vice Chairman Address: □ Vice Chairman Address: ☐ Director ☐ Director □ President □President □Vice President □Vice President □ Secretary □Treasurer ☐ Secretary □ Treasurer □Other _____ □Other _____ ☐Other _____ Name: _____ □ Chairman □Chairman ☐ Vice Chairman Address: ______ ☐ Vice Chairman Address: _____ □Director □ Director □ President □ President □Vice President □Vice President ☐ Secretary □Treasurer □ Secretary Treasurer □Other ____ ☐Other ☐ Other □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

Huntly Christie, President and Chairman of the Board of Directors

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ILLUMIXX, INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILLUMIXX, INC."

WAS INCORPORATED ON THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203472381

Date: 06-17-21

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