(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:
emailed proof 8/5/21
W21000090000016W

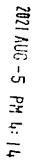
Office Use Only



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COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:	Archangel Lightworks U	SA. Inc.		
	USA, Inc Name of corporat	ion - must include suffix		
Dear Sir or Madam:				
"Certificate of Exist	ication by Foreign Corporation f ence." or "Certificate of Good S reign corporation to transact bus	tanding" and check are su	act Business in Fl bmitted to registe	orida," r the
Please return all corr	respondence concerning this mat Albert Far	-		
	Name	of Person	-	
	Faragalla & As	socaites LLC		
	Firm/C	ompany	<u> </u>	
	9099 Ridgefiel	d Dr., Ste 205		
-	Ad	dress		78
	Frederick,	MD 21701		75 75
	City/State	and Zip code		57
	<u> </u>	nacpa.com		_ က်၊
	E-mail address: (to be use	d for future annual report	notification)	PH
For further informati	on concerning this matter, please	e call:		
Justin Gi	ildar at (301	360-9500		_
Name of Pe		ode Daytime Telep	ohone Number	_
Registration Division of C The Centre o	Corporations of Tallahassee nroe Street, Suite 810	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	
Enclosed is a check f Please make check pay ☐ \$70.00 Filing Fee	for the following amount: able to: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status	T OF STATE	S87.50 Fili Certificate Certified C	of Status &

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.

	Lightworks USA, Inc		
	poration; must include "INCORPORATED." p," "Inc." "Co," or "Corp.")	"COMPANY," "CORPOR	.ATION."
(If name unavailab	ole in Florida, enter alternate corporate name a	dopted for the purpose of tra	insacting business in Florida)
Delaware	3		
(State or country	under the law of which it is incorporated) 3.	(FEI numbe	er, if applicable)
03/15/20	5.		
(Date of incorporation)		(Date of duration, i	f other than perpetual)
	March 31	, 2021	
	(Date first transacted business in		
	(SEE SECTIONS 607.1501 & 607.150	12, F.S., to determine penalty	y liability)
3259 Pr	ogress Drive, Orlando, FL 32826		
	(Principal offic	e <u>street</u> address)	
	(Current mailing	address, if different)	
Name and street	address of Florida registered agent: (P.O	. Box <u>NOT</u> acceptable)	
	Louis Giordano		28
Name:			2021 AUG -5
Office Address:	11954 Narcoossee Rd., Ste 2	_ 	5
	Orlando FL	, Florida(Zip code)	1947 Jr
	(City)	(Zip code)	PR 4:
			.
Registered age	nt's acceptance:		مست ن
aving been name	d as registered agent and to accept service application, I hereby accept the appointm	e of process for the above ent as registered abent as	e statea corporation active pu nd agree to act in this canacit
rther agree to co	mply with the provisions of all statutes re	lative to the proper and c	complete performance of my o
id I am familiar	with and accept the obligations of my pos	ition as registered agent.	
	$\mathcal{A} / \mathcal{V}$		
	or All	<u> </u>	
	(Registered agent's sig	gnature)	

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 Name: _ Richard Johanson Chairman □Chairman Name: ____ 3544 Altamont Road □ Vice Chairman Address: ☐ Vice Chairman Address: Birmingham, AL 35213 □ Director □Director □ President □President □ Vice President □Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ □Other ____ □Other _____ □Other _____ Name: Archangel Lightworks Ltd **⊈**Chairman □ Chairman Name: _____ Address: _ 21 Bunhill Row ☐ Vice Chairman Address: London, England EC1Y8LP □ 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 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. Richard Johanson

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

Page 1



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

DELAWARE, DO HEREBY CERTIFY "ARCHANGEL LIGHTWORKS USA, 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 TWENTY-SIXTH DAY OF JULY, A.D. 2021.

2021 AUG-5 PM 4: 14

at corp delaware gov/aut

Authentication: 203761440

Date: 07-26-21

5627103 8300 SR# 20212798612

You may verify this certificate online at corp.delaware.gov/authver.shtml