## F23000000839

(Requestor's Name)
(Address)
(Address)
(Cit (Chan (Zin (C)))
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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2023 FEB | O AH||: 03

APPROYLU

2023 FEB | O AM | |: 27

FALLAHASSEE, FLORE

RECEIVED

FEB 10 2023 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 476661 8402

AUTHORIZATION: Trovelle of any

COST LIMIT : \$ 87.56

ORDER DATE: February 9, 2023

ORDER TIME : 10:13 AM

ORDER NO. : 476661-005

CUSTOMER NO: 8402342

### FOREIGN FILINGS

NAME: LITESEEKER SOLUTIONS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

### **COVER LETTER**

TO:	O: Registration Section Division of Corporations					
SUBJ	ECT:	LiteSeeker Solutions, Inc.				
		Name of	corporation	- must include suffix		
Dear S	ir or M	adam:				
"Certif	īcate of	"Application by Foreign Corp Existence," or "Certificate of ced foreign corporation to tran	f Good Stan	ding" and check are submi		
Please	return a	all correspondence concerning	g this matter	to the following:		
Julie Jo	hnson					
	-		Name of	Person		
LiteSee	eker Sol	utions, Inc.				
			Firm/Com	pany		
3338 N	W 110t	ћ Тептасе				
			Addre	ess		
Gaines	ville, Fl	. 32606				
			City/State a	nd Zip code		
jljohnso	on@lite:	seeker.com				
		E-mail address: (	to be used f	or future annual report not	fication)	
For fur	ther inf	ormation concerning this mat	ter, please c	all:		
Julie Jo	$\frac{\text{die Johnson}}{\text{Name of Person}} = \frac{\text{at } \left(\frac{352}{\text{Area Code}}\right)}{\text{Area Code}} \frac{562-2744}{\text{Daytime Telephone Num}}$					
	Name	e of Person	Area Cod	e Daytime Telephor	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	nake ch	theck for the following amounted payable to: FLORIDA DEPing Fee	ARTMENT	_	■ \$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.

LiteSeeker Solu	tions, Inc.			
(Enter name of c	orporation: must include "INCORPORATED," "orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION	1,"	
(If name unavail	able in Florida, enter alternate corporate name ado	pted for the purpose of transacting	g business in Florida)	
Delaware	3.			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
January 25, 202	3 5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
i.				
	(Date first transacted business in Fl	orida, if prior to registration)		
2228 NW 110th T	(SEE SECTIONS 607.1501 & 607.1502) Ferrace Gainesville, FL 32606	, F.S., to determine penalty habilit	(y)	
·			<del> </del>	
	(Principal office	arreet address)		
	(Current mailing a	ddress, if different)	202	
	(Current manning a	datess, if different)	3 FEB	
R. Name and stree	et address of Florida registered agent: (P.O. E	Nov. NOT accentable)	· · · · · · · · · · · · · · · · · · ·	
	Corporation Service Company	in its interpretation	0	
Name:			- E	
Office Address:	1201 Hays Street	_	MH11: 03	
	Tallahassee	, Florida 32301	03	
	(Citv)	(Zip code)		

#### 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.

Corporation Service Company

By: Welfix assistant va presaunt

(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								
□Chairman	Julie Johnson Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	Gainesville, FL 32606	□Director		·····				
President		□President						
□ Vice President		□Vice President		·				
■ Secretary	■ Treasurer	☐ Secretary		□Treasurer				
Other CEO	Other CFO	□Other		□Other				
□ Chairman	Name:	□Chairman						
□ Vice Chairman	Address:	□Vice Chairman	Address:					
□Director		□Director						
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer				
□Other	Other	□Other		□Other				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman						
□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.  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.

13. Julie L Johnson

# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY THAT "LITESEEKER SOLUTIONS, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE NINTH DAY OF JANUARY,

A.D. 2023, AT 4:57 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LITESEEKER SOLUTIONS, INC." WAS INCORPORATED ON THE NINTH DAY OF JANUARY, A.D. 2023.

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

7225910 8315 SR# 20230274873

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

Authentication: 202587757

Date: 01-26-23