

F24000001471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

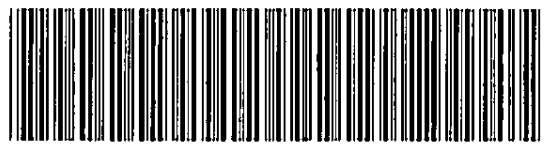
(Document Number)

Certified Copies _____ Certificates of Status _____

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W23-169077

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03/14/24--01001--004 **150.00

11/30/23--01028--007 **70.00

FILED
2024 MAR 14 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2023

ISABELBOBA
731 N LIME AVENUE
SARASOTA, FL 34237 US

SUBJECT: LUX DESIGN INC.
Ref. Number: W23000169077

We have received your document for LUX DESIGN INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$150.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 423A00029111

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUX DESIGN INC

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:

KATHRYN A. HUYNH, ESQ.

Name of Person

BERLIN PATTEN EBLING, PLLC

Firm/Company

324 S HYDE PARK AVENUE, SUITE 325

Address

TAMPA, FL 33606

City/State and Zip code

ISABELLE@LUXDESIGN.CA

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

For further information concerning this matter, please call:

KATHRYN A. HUYNH

at (813) 467-7500

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 ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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 B 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.

1. LUX DESIGN INC
(Enter name of corporation must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

LUX DSGN INC

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

2. CANADA 3. 370059716RC0001
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JANUARY 4, 2011 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. AUGUST 19, 2022
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 44 TECUMSETH STREET, TORONTO, ON M5V 2R8, CANADA
(Principal office street address)

44 TECUMSETH STREET, TORONTO, ON M5V 2R8, CANADA
(Current mailing address, if different)

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

Name: ISABEL BOBA

Office Address: 731 N LIME AVENUE

SARASOTA , Florida 34237
(City) (Zip code)

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TALLAHASSEE, FL

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

A DIRECTORS

☐Chairman Name: ISABEL BOBA
☐Vice Chairman Address: 731 N LIME AVENUE
☒Director SARASOTA, FL 34237
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

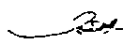
☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other _____ ☐Other _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐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. ISABEL BOBA
(Typed or printed name and capacity of person signing application)



Ministry of Public and
Business Service Delivery
Ministère des Services au public et
aux entreprises

Certificate of Status

Attestation du statut juridique

Business Corporations Act

Loi sur les sociétés par actions

This is to certify that

La présente vise à attester que

LUX DESIGN INC.

Corporation Name / Dénomination sociale

2269591

Ontario Corporation Number / Numéro de société de l'Ontario

is a corporation incorporated, amalgamated or continued
under the laws of the Province of Ontario according to the
electronic records maintained by the Ministry of Public and
Business Service Delivery.

est, selon les dossiers électroniques du dossier du ministère
des Services au public et aux entreprises, une société
constituée, issue d'une fusion ou qui continue d'être
exploitée en vertu des lois de la province de l'Ontario.

The corporation came into existence on January 04, 2011
and has not been dissolved.

La société a vu le jour le 04 janvier 2011
et n'a pas été dissoute.

A handwritten signature in black ink, reading "V. Quintanilla W.".

Director / Directeur

Business Corporations Act / Loi sur les sociétés par actions

Certified a true copy of the record of the
Ministry of Public and Business Service Delivery.

A handwritten signature in black ink, reading "V. Quintanilla W."
Director/Registrar



Copie certifiée conforme du dossier du
ministère des Services au public et aux
entreprises.

A handwritten signature in black ink, reading "V. Quintanilla W."
Directeur ou registrateur