FA400003319

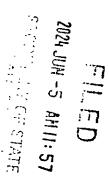
(Requestor's Name)						
(Address)						
(Address)						
(1881833)						
/Cibu	(State / Zin / Dhon	- #\				
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Busi	iness Entity Nar	ne)				
(Doc)	ument Number)					
(500)	amene mamber,					
Certified Copies Certificates of Status						
Special Instructions to Fi	iling Officer:					
		1				

Office Use Only



400430905504

06/05/24--01011--016 **97.50



T. LEMIEUX **JUN 15 2024**

COVER LETTER

TO: Registration Section Division of Corporations	;		
SUBJECT: Lamplighter System	is Corporation		
SOBOLOT.	Name of corporation	- must include suffix	· - ·
Dear Sir or Madam:			
The enclosed "Application by Fo "Certificate of Existence," or "Co above referenced foreign corpora	ertificate of Good Stand	ding" and check are sub	
Please return all correspondence	concerning this matter	to the following:	
Richard Jacques			
	Name of I	Person	· · · · · · · · · · · · · · · · · · ·
Lamplighter Systems Corporation			
	Firm/Com	pany	
2165 Hartford Way			
	Addre	SS	
Clearwater, FL 33763			
	City/State ar	nd Zip code	·
rj@lamplightersystems.com			
E-mai	l address: (to be used for	or future annual report n	otification)
For further information concerning	ng this matter, please ca	all:	
Richard Jacques	at (256-4608 Daytime Teleph	
Name of Person	Area Code	Daytime Teleph	one Number
STREET/COURIER A Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	; ce	MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection rporations
_	RIDA DEPARTMENT	OF STATE \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

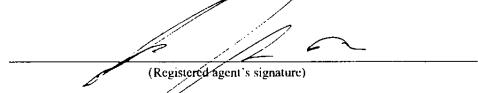
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

1.	Lamplighter Sys	Lamplighter Systems Corporation						
	(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")							
	(If name unavail	able in Florida, enter alternate corporate na	me ado	pted for the purpose of transacti	ng business in Florida)			
2	Delaware		3					
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)					
4.	May 16, 2024		5.					
	(Date of incorporation)			(Date of duration, if other than perpetual)				
6.								
7.	2165 Hartford W	(SEE SECTIONS 607.1501 & 60 ay Clearwater FL 33763	7.1502,	orida, if prior to registration) F.S., to determine penalty liabil treet address)	ity)			
			-	ldress, if different)	2024 JUN			
8.	Name and street	et address of Florida registered agent: (P.O. E	ox NOT acceptable)				
	Name:	Richard Jacques		_				
O	ffice Address:	2165 Hartford Way		_	· · · · · · · · · · · · · · · · · · ·			
		Clearwater		, Florida 33763	H: 57			
		(City)		(Zip code)	ਲੀ 7			

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.



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. Richard Jacques Richard Jacques □ Chairman Name: □ Chairman Address: ____ 2165 Hartford Way □Vice Chairman □Vice Chairman Address: Clearwater, FL 33763 2165 Hartford Way □ 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 Address: □ Director □Director ☐ President □ President □Vice President _ ☐ Vice President □Treasurer □ Secretary □ Secretary □Treasurer □Other ... _____ □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 sixth (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 Jacques

(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 "LAMPLIGHTER SYSTEMS CORPORATION" 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-FOURTH DAY OF MAY,

A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAMPLIGHTER SYSTEMS CORPORATION" WAS INCORPORATED ON THE SIXTEENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES

HAVE BEEN ASSESSED TO DATE.

Authentication: 203554872

Date: 05-24-24

3693960 8300 SR# 20242432620