

11/12/24, 2:53 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: fe@lumus.ai

FOREIGN PROFIT/NONPROFIT CORPORATION

Lumus AI, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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K. SALY

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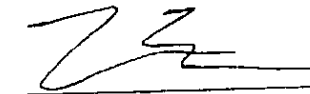
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

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. Lumus AI, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 92-4019553
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 05/11/2023 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 10/01/2024
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1200 N. Federal Highway Boca Raton, FL 33432
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Christopher Leone
- Office Address: 1200 N. Federal Highway
- Boca Raton , Florida 33432
(City) (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.



(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]:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A. DIRECTORS

☒ Chairman Name: Christopher Leone
☐ Vice Chairman Address: 1200 N. Federal Highway
 Boca Raton, FL 33432
☐ Director
☒ President
☐ Vice President
☐ Secretary ☒ Treasurer
☒ Other CEO ☐ Other

☐ Chairman Name: Joseph Lombas
☐ Vice Chairman Address: 1200 N. Federal Highway
 Boca Raton, FL 33432
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other CTO ☐ Other

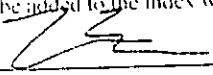
☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Wesley DeSouza
☐ Vice Chairman Address: 1200 N. Federal Highway
 Boca Raton, FL 33432
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other CMO ☐ Other

☐ Chairman Name: Frank Esposito
☐ Vice Chairman Address: 1200 N. Federal Highway
 Boca Raton, FL 33432
☒ Director
☐ President
☒ Vice President
☐ Secretary ☐ Treasurer
☒ Other CLO ☐ 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. Christopher Leone, CEO
 (Typed or printed name and capacity of person signing application)

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUMUS AI, 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 TWELFTH DAY OF NOVEMBER, A.D. 2024.

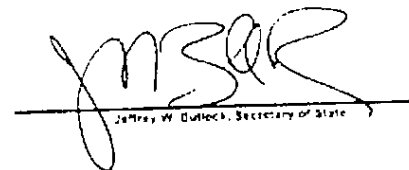
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUMUS AI, INC." WAS INCORPORATED ON THE ELEVENTH DAY OF MAY, A.D. 2023.

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

FILED
2024 NOV 12 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

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SR# 20244187801

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

Authentication: 204851377

Date: 11-12-24

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