| TRANS | AITTAIL LITTER |
|---|---|
| To: Qualification/Tax Lien Section Division of Corporations | |
| | corporation - must include suffix) |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corpor "Certificate of Existence", and check are substransact business in Florida. | ration for Authorization to Transact Business in Florida", mitted to register the above referenced foreign corporation to |
| Please return all correspondence concerning the | his matter to the following: |
| DAMES W. | PAULIN |
| | (Name of Person) |
| Nightlite | 5. \nc. waq-12523 |
| | (Firm/Company) |
| 2=20 Fi | OWER ROAD |
| 2520 FL | (Address) |
| 1/ | |
| VENICE, | FL 34293-2609 |
| | (City/State/Zip) |
| Should you need to call someone concerning | 3000288731 -05/26/9901076 *****87,50 *** |
| T. 97 | 01. 02/ 4445 |
| | (Area Code & Daytime Telephone Number) |
| (Name of Person) | (Area Code & Daytime Telephone Number) |
| | SE SE 99 |
| CTREET ARRECC. | MAILING ADDRESS: |
| STREET ADDRESS: | Appleso. |
| Qualification/Tax Lien Section | Qualification/Tax Lien Section |
| Division of Corporations | Division of Corporations |
| 409 E. Gaines St. | P.O. Box 6327 Tallahassee, FL 32314 |
| Tallahassee, FL 32399 | Tallahassee, FL 32314 |

☐ \$78.75 Filing Fee & Certificate of Status ☐ \$70.00 Filing Fee

1 \$78.75 Filing Fee & Certified Copy

\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 28, 1999

JAMES W. PAULIN NIGHTLITES, INC. 2520 FLOWER ROAD VENICE, FL 34293-2609

SUBJECT: NIGHTLITES, INC. Ref. Number: W99000012523

We have received your document for NIGHTLITES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers Document Specialist

Letter Number: 199A00029460

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

| I, the undersigned | JAMES W. PAULIN | ; , do hereby certify | |
|-------------------------------|---|------------------------------|----------|
| that this Resolution of the l | Board of Directors of | | _ |
| N | IGHTLITES, INC. (Corporate Name) | | _ |
| a corporation duly organize | ed and existing under the laws of th | ne State of DELAWARE, | |
| was duly adopted on | June 1, | , 1999. | |
| Be it resolved, that | Nightlites, IN | IC, | |
| organized and existing in th | ne State of FLORIDA | , hereby adopts the name | |
| NIGHTLITES PRO | FESSIONAL LIGHTSCAP | ing Inc. for use in Florida. | |
| Dated: 6/1/99 | ignature of either Charman, Vice Chairm | SECRETATION OF STATE FLORIDA | TILED 32 |
| | JAMES W. / AU | LIN, CHAIRMAN | |

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. | Nightlites, Inc |
|---------|--|
| | (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or |
| | words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a |
| | natural person or partnership if not so contained in the name at present.) |
| | |
| 2. | Delaure 3. 65-0878115 |
| ۷. | (State or country under the law of which it is incorporated) 3. (65-0878115 (FEI number, if applicable) |
| | |
| 4. | (Date of incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual") |
| | (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| 6. | 1/1/00 |
| 0. | (Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) |
| | · · |
| 7. | 2520 Flower Road |
| | 1/2 322 7/ 24202 2/09 |
| | Venice, FL 34293-2609 (Current mailing address) |
| | (Current maining address) |
| | 4 \ ((\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| 8. | Purpose(s) of corporation authorized in home state or country to be carried out in state of Floridat S |
| | (Purpose(s)) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable). Name: James W. Paull |
| _ | No. 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 |
| 9. | Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) |
| | Name: James W. Pauls |
| | |
| <u></u> | Name: James W. Paulis ffice Address: 2520 Flower Road |
| ٠. | |
| | V ENICE , Florida, 34293-2609 (Zip code) |
| | (Zip code) |
| | · |
| 10 |). Registered agent's acceptance: |
| | |
| X.Y | eving been named as registered agent and to accent service of process for the above stated corporation at the place designat |

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 frelative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position a registered agent.

(Registered agent's signature)

11. 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.

| 12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) |
|---|
| A. DIRECTORS (Street address only - P.O. Box NOT acceptable) |
| Chairman: James W. Parlin |
| Address: 2520 Flower Rd |
| Venice FL 34293-2609 |
| Vice Chairman: KAREN D. PAULIN |
| Address: 2520 Flower Road |
| Venice, Fl. 34293-2609. |
| Director: Henk Jansen |
| Address: 248 Loyola Road |
| Venice, FL 34293-6521 |
| Director: Karen Koch |
| Address: 9625 Fox Hearst Road |
| Tampa, Fc 33647 B. OFFICERS (Street address only - P.O. Box NOT acceptable) |
| B. OFFICERS (Street address only - P.O. Box NOT acceptable) |
| President: James W. Paulin |
| Address: 2520 Flower Rd. |
| Venice FL 34293 |
| Vice President: Jason P. Van Cleave |
| Address: 6640 Bee Ridge Road |
| Sarasota, FL 31241 |
| Secretary: Karen D. Paulin |
| Address: 2520 Flower Rd. |
| Venice FL 34293-2609 |
| Treasurer: Karen D. Paulin |
| Address: 2520 Flower Road |
| Venice FC 34293-2609 |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13. |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) |
| 14. Came & W. Toulin, tresident (Typed or printed name and capacity of person signing application) |

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NIGHTLITES, 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 NINETEENTH DAY OF MAY, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE TANNUAL REPORTS HAVE BEEN EILED TO DATE.

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



Edward J. Freel, Secretary of State

AUTHENTICATION:

9752432

991198507

8300

2967866

DATE:

05-19-99