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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

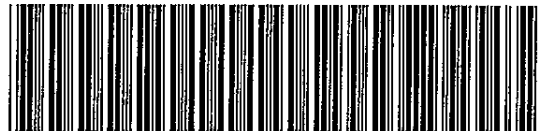
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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W05-33129



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07/05/05--01031--017 \*\*125.00

W05-33129

05/19 16:00:00

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SYMPHONY OF LIGHT, LLC.  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

TONI CAMERON  
(Name of Person)

(Firm/Company)

21730 Marglee St. # 39  
(Address)

Woodland Hills, CA 91367  
(City/State and Zip Code)

For further information concerning this matter, please call:

TONI CAMERON at ( 818 ) 883-1778  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 11, 2005

TONI CAMERON  
21730 MARYLEE ST., #39  
WOODLAND HILLS, CA 91367

SUBJECT: SYMPHONY OF LIGHT, LLC  
Ref. Number: W05000033129

We have received your document for SYMPHONY OF LIGHT, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

*The document must contain both the street address of the principal office and the mailing address of the entity.*

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 105A00045645

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. SYMPHONY OF LIGHT, LLC.  
(Name of Foreign Limited Liability Company)

2. NEVADA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. 06-09-2004  
(Date of Organization)

5. PERPETUAL  
(Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. \_\_\_\_\_  
21730 Marylee St #39, Woodlane Hills, CA 91367  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:  
Toni Cameron  
21730 Marylee St #39  
Woodland Hills, CA. 91367

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: 2nd home rental

Toni Cameron  
Signature of a member or an authorized representative of a member.  
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Toni Cameron  
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SYMPHONY OF LIGHT, LLC.

2. The name and the Florida street address of the registered agent and office are:

TONI CAMERON  
(Name)

2722 Via Tisli #421A

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Clearwater

FL

34677

City/State/Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

Toni Cameron  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **SYMPHONY OF LIGHT, LLC.**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 9, 2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 21, 2005.



*Dean Heller*

DEAN HELLER  
Secretary of State

By

*Stacy Rots*  
Certification Clerk



DEAN HELLER  
Secretary of State  
206 North Carson Street  
Carson City, Nevada 89701-4299  
(775) 684 5708  
Website: [secretaryofstate.biz](http://secretaryofstate.biz)

**Articles Of Organization  
Limited-Liability Company**  
(PURSUANT TO NRS 86)

FILED # LLC 12731-c

JUN 09 2004

CLERK OF COURT  
DEAN HELLER SECRETARY OF STATE

Important: Read attached instructions before completing form.

ABOVE SPACE IS FOR OFFICE USE ONLY

<b>1. Name of Limited-Liability Company</b>	SYMPHONY OF LIGHT, LLC.			
<b>2. Resident Agent Name and Street Address:</b> <small>(must be a Nevada address where process may be served)</small>	NEVADA STATE CORPORATE NETWORK, INC. Name 2764 LAKE SAHARA DRIVE, SUITE 111 Physical Street Address LAS VEGAS City NEVADA State 89117 Zip Code Additional Mailing Address City State Zip Code			
<b>3. Dissolution Date:</b> <small>(OPTIONAL - see instructions)</small>	Latest date upon which the company is to dissolve (if existence is not perpetual): <u>PERPETUAL</u>			
<b>4. Management:</b> <small>(check one)</small>	Company shall be managed by <input checked="" type="checkbox"/> Manager(s) OR <input type="checkbox"/> Members			
<b>5. Names Addresses of Manager(s) or Members:</b> <small>(attach additional pages as necessary)</small>	TREASURY OF LIGHT FOUNDATION, INC. Name 2764 LAKE SAHARA DRIVE SUITE 111 Address LAS VEGAS City NV State 89117 Zip Code Name Address City State Zip Code Name Address City State Zip Code			
<b>6. Names, Addresses and Signatures of Organizers</b> <small>(if more than one organizer attach additional pages)</small>	NEVADA STATE CORPORATE NETWORK, INC. Name Signature 2764 LAKE SAHARA DRIVE, SUITE 111 Address LAS VEGAS City NV State 89117 Zip Code			
<b>7. Certificate of Acceptance of Appointment of Resident Agent:</b>	I hereby accept appointment as Resident Agent for the above named limited-liability company. Authorized Signature of R.A. or On Behalf of R.A. Company Date <u>6/9/04</u>			