

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number: I20040000031 : (800)906-9220 Fax Number t (800)906-9880

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

Email Address:

Foreign Limited Liability Company LUMINOUS KITCHENS, LLC

| Certificate of Status | 11 |
|-----------------------|----------|
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: LUMINOUS KITCHENS, 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: | | | | |
| Allstate Corporate Services Corp. | | | | |
| Name of Person | | | | |
| 1222 Avenue M, Suite 301 | | | | |
| Firm/Company | | | | |
| | | | | |
| Address | | | | |
| Brooklyn, NY 11230 | | | | |
| City/State and Zip Code | | | | |
| sal@acs123.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Naomi Ostopowitz 800 906-9220 | | | | |
| Name of Contact Person Area Code Daytime Telephone Number | | | | |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |
| Enclosed is a check for the following amount: \$\Begin{align*} \Boxed{1} \text{\$125.00 Filing Fee} & \Boxed{1} \text{\$130.00 Filing Fee} & \Boxed{1} \text{\$155.00 Filing Fee} & \Boxed{1} \text{\$160.00 Filing Fee}, Certificate \\ \$\Certificate \text{\$Certificate of Status} & Certified Conv. \\ \$\text{\$0\$ Status & Certified Conv.} \\ \$\$0\$ Status & Certified Co | | | | |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. LUMINOUS KITCHENS, LLC | |
|---|---|
| (Name of Forsiga Limited Liability Company; must include "Limited Liability Company," "L.L.C. | ," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate | to name must include "Limited |
| Liability Company," "L.L.C," or "LLC.") | |
| 2. New York 3, N/A | |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if ap company is organized) | plicable) |
| ₄ UPON REGISTRATION | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | 2 2 |
| 5 Robalo Ct, North Palm Beach, FL 33408 | 二 5 5 0 |
| 3. | |
| | |
| (Street Address of Principal Office) 5 Robalo Ct, North Palm Beach, FL 33408 | m. E |
| 6. O ROBAIO Ct, NOTHI AITH DEAGH, I L 30400 | <u> </u> |
| | |
| (Mailing Address) | |
| 7. The name, title or capacity and address of the person(s) who has/have authority to | manage is/are: |
| Douglas Cullen, Member, 5 Robalo Ct, North Palm Bear | ch. FL 33408 |
| Dodgido Canon, Monioci, o Hobato Ci, Holini Lini Da | |
| | , |
| | |
| | |
| 8. Attached is an original certificate of existence, no more than 90 days old, duly auth | ienticated by the official |
| having custody of records in the jurisdiction under the law of which it is organized. (A acceptable. If the certificate is in a foreign language, a translation of the certificate un | A photocopy is not ider onth of the translator |
| must be submitted) | ian'i dani na dia maninina |
| | |
| | |
| (In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of pe | / winny that the facts stated begoin are from |
| an aware that any false information submitted in a document to the Department of State constitutes a third degree felony as pr | ovided for In s.817.155, F.S.) |

Douglas Cullen, Authorized Representative

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| | f the Limited Liability Company | | |
|-----------------|-------------------------------------|-------------------------------------|--|
| If unavailable, | the alternate to be used in the sta | te of Florida is: | |
| 2. The name a | nd the Florida street address of th | ne registered agent and office are: | 2115 U |
| | Douglas Cullen | | E F F F F |
| | | (Name) | 2000年 1000年 100年 100日 100日 100日 100日 100日 100日 100日 |
| | 5 Robalo Ct | | FIGURE CO. |
| | Florida Street Address | (P.O. Box NOT ACCEPTABLE) | 2 2 |
| | North Palm Beach | _{FL} 33408 | , |
| | | 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 605, Florida Statutes.

Douglas Cullen, Registered Agent_.

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

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State of New York Department of State } ss

I hereby certify, that LUMINOUS RITCHENS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/16/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of LUMINOUS KITCHENS, LLC was filed on 01/02/2009.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Limited Liability Company.

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Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of November two thousand and fifteen.

Anthony Giardina

Executive Deputy Secretary of State

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