## MMOOOOUS

(Requestor's Name)						
(Address)						
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(City/	/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						
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D. SCOTT JAN 5 2017 December 28, 2016

Division of Corporations Registration Section PO Box 6327 Tallahassee, FL 32314

RE: Lightsource Management Services, LLC

Dear Sir/Madam:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business and a check in the amount of \$130.00 for processing.

Should you have any questions, do not hesitate to contact me. Thank you for your assistance in this matter.

Sincerely,

Theodore G. Bryant

General Counsel – E.V.P.

TGB/er

**Enclosures** 

FILLED

SECRETARY OF STATE

## **COVER LETTER**

Lightsource Manag	ement Services, Inc.					
Lightsource Manag	Name of	Limited Liability C	Company			
The enclosed "Application by Fo	reign Limited Liability Comp	any for Authorizat	tion to Transact Business in Florida," Certificate of the company to transact business in Floridate of the company to the com			
Please return all correspondence	concerning this matter to the	following:				
Elizabeth Reye	es					
	N	ame of Person				
Lightsource H	oldings, LLC					
<del></del>	F	rm/Company				
707 Mendham	707 Mendham Blvd., Suite 250					
		Address				
Orlando, FL 3	2825					
	City/S	tate and Zip Code				
corp.regulatory(	@countrywidehr.com	1.0				
For further information concerning	E-mail address: (to be use ing this matter, please call:	a for future annual	report notification)			
Zachary A. Collier		407	517-9403			
Name	of Contact Person	at ( Area Code	Daytime Telephone Number			
MAILING ADDRESS Division of Corporation 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 follows \$125.00 Filing Fee	wing amount:  \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee & \$\Bigcup \$160.00 Filing Feer Conficate of Status & Certified Copy \$\Bigcup \$2.			

## 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. Lightsource Management			1 67 ' 1 17 ' 1	::- C	
(Name of Fore	eign Limited Liability Company; r	nust inclu	ide "Limited Liab	inty Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter all Liability Company," "L.L.C,"	ternate name adopted for the purp	ose of tra	insacting business	in Florida. The alternate n	ame must include "Limited
, Nevada		3	81-4777364		
company is organized)	of which foreign limited liability	5.		(FEI number, if applicab	le)
4. <u>N/A</u>				<del> </del>	<del>_</del>
	(Date first transacted bus (See sections 605,0904 & 6	iness in F 05.0905,	lorida, it prior to F.S. to determine	registration.) penalty liability)	
5. 707 Mendham Blvd., S	Suite 250				<u> </u>
Orlando, FL 32825			TO CC		<del></del>
6. 707 Mendham Blvd., Si	(Street Address o	or Princip	iai Office)		
5. 757 Hendikili Diva., 50	une 200			<u> </u>	
Orlando, FL 32825					
,	(Mailir	g Addres	ss)		
7. Name and street addres	ss of Florida registered agent:	(P.O. Bo	ox NOT accepta	able)	
Name:	Zachary A. Collier			_	
Office Address:	707 Mendham Blvd., Suite 2	50		-	
	Orlando			, Florida 32825 (Zip code)	
	(City)			(Zip code)	
designated in this application to comply with the provision in the comply with the complex with the co	egistered agent and to accept so tion, I hereby accept the appo ons of all stapites relative to to my position as registered agen	intment he prope	as registered a	gent and agree to act in	this capacity. I further agree ies, and I am familiar with an
8. The name, title or capa	acity and address of the person	(s) who	has/have author	ity to manage is/are:	記と
Zachary A. Collier C.E.	.0.				<u> </u>
ח רוור	lendham Bluch, S	nb.	250		三二語言
	do, Fl 32825				<b>ب</b> چ
UTION	00 <sub>1</sub> F1 52020				<del>- 5</del> 7 5
9. Attached is a certificate jurisdiction under the law of the translator must be st		e certific	d, duly authentic eate is in a foreign authorized person	n language, a translation	ng custody of records in the a of the certificate under oath
	In accordance with section 60 to the Department of State cons				

Typed or printed name of signee

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, 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, LIGHTSOURCE MANAGEMENT SERVICES 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 December 23, 2016, and is in good standing in this state.



Certified By: Jennifer Wilton Certificate Number: C20161228-2057 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 29, 2016.

hara K. Cegarske

BARBARA K. CEGAVSKE Secretary of State

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