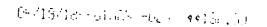
M18000005814

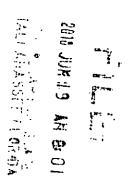
(Requesto	or's Name)			
(Address)				
(Address)				
(City/State	e/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business	Entity Name)			
(Documer	nt Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing	Officer:			

Office Use Only



100314541591





J. HARRIE

TO:

Registration Section Division of Corporations

Enclosed is a check for the following amount:

2 \$130.00 Filing Fee & Certificate of Status

□ \$125.00 Filing Fee

ne World Lantern Festival, 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:

Mike Schaefer		
	Same of Person	
One World Lantern	Festival,	LLC
	Firm/Company	
4588 N 3200 W		
	Address	
Benson, UT 84335		
City/	State and Zip Code	
mike@oneworldlant	ern.com	
E-mail address: (to be use	ed for future annual	report notification)
For further information concerning this matter, please call:		
Mike Schaefer	435	, 554-0134
Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations		STREET ADDRESS: Division of Corporations
Registration Section		Registration Section
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

□ \$160,00 Filing Fee. Certificate

of Status & Certified Copy

☐ \$155.00 Filing Fee &

Certified Copy

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate it	ame adopted for the purpose of transacting business in Hor	ida. The alternate name must include "Eil	nited Liability Company," "L.t. C." or "LLC")
_n Utah		3. 82-2688442	
	Inch foreign limited hability company is organized)		TEl number, if applicable)
4. N/A			
4.	(Date first transacted business in Florida, it prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistration) ic penalty liability)	
5 4588 N 3200 W		6. 4588 N 3200 W	
(Street Address of)	Imorpal Office)	(Mar	ling Address)
Benson, UT 84335		Benson, UT 8433	
			The same state of
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	اً مَا أَيْنِ
Name:	Registered Agents Inc.		
	3030 N. Rocky Point Dr. STE 150	^	
Office Address:	3030 N. ROCKY FOIRE DT. STE 130		
	Tampa		07 (Approde)
,	But H		
	(Resustant ment's s	deliature :	
	(Registered agent's s		
8. The name, title or caps <u>Title or Capacity:</u>	(Registered agent's acity and address of the person(s) who ha Name and Address:		s/are: Name and Address:
•	acity and address of the person(s) who ha	s/have authority to manage is	
Title or Capacity:	acity and address of the person(s) who ha Name and Address: Mike Schaefer 4558 1: 3200 W	s/have authority to manage is <u>Title or Capacity:</u>	Name and Address: David Knight 1082 Grandwew Dr
Title or Capacity:	acity and address of the person(s) who ha Name and Address: Mike Schaefer	s/have authority to manage is <u>Title or Capacity:</u>	Name and Address: David Knight
Title or Capacity:	acity and address of the person(s) who ha Name and Address: Mike Schaefer 4558 1: 3200 W	s/have authority to manage is <u>Title or Capacity:</u>	Name and Address: David Knight 1082 Grandwew Dr
Title or Capacity: Officer	acity and address of the person(s) who ha Name and Address: Mike Schaefer 4558 1: 3200 W	s/have authority to manage is Title or Capacity: Officer	Name and Address: David Knight 1082 Grandwew Dr
Title or Capacity: Officer Officer	Mike Schaefer 4588 tt 3200 W Benson UT 84335	s/have authority to manage is Title or Capacity: Officer	Name and Address: David Knight 1082 Grandwew Dr
Title or Capacity: Officer	Mike Schaefer 4588 tt 3200 W Benson UT 84335	s/have authority to manage is Title or Capacity: Officer	Name and Address: David Knight 1082 Grandwew Dr
Officer Officer Officer Officer Officer	Mike Schaefer 4588 # 3200 W Benson UT 84335 ssary) r of existence, no more than 90 days old, or	s/have authority to manage is Title or Capacity: Officer Officer duly authenticated by the officer	Name and Address: David Knight 1082 Grandwew Dr Providence UT 84332 cial having custody of records in the
Officer Officer Officer Officer	Mike Schaefer 4588 to 2000 W Benson UT 84335 stary) of existence, no more than 90 days old, of which it is organized. (If the certificate	s/have authority to manage is Title or Capacity: Officer Officer duly authenticated by the officer	Name and Address: David Knight 1082 Grandwew Dr Providence UT 84332 cial having custody of records in the
Officer Officer Officer (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s) 10. This document is executed.	Mike Schaefer 4588 13 200 W Benson UT 84335 sary) r of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)	S/have authority to manage is Title or Capacity: Officer Officer duly authenticated by the office is in a foreign language, a to (1) (b). Florida Statutes, I and (1) (b). Florida Statutes, I and (1) (c).	Name and Address: David Knight 1082 Grandwew Dr Providence UT 84332 cial having custody of records in the ranslation of the certificate under oath aware that any false information
Officer Officer Officer (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s) 10. This document is executed.	Sary) Sof existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted) Sof the Department of State constitutes a this	S/have authority to manage is Title or Capacity: Officer Officer duly authenticated by the office is in a foreign language, a to the control of the cont	Name and Address: David Knight 1082 Grandwew Dr Providence UT 84332 cial having custody of records in the ranslation of the certificate under oath m aware that any false information for in s.817.155, F.S.
Officer Officer Officer (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s) 10. This document is executed.	Sary) Sof existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted) Sof the Department of State constitutes a this	S/have authority to manage is Title or Capacity: Officer Officer duly authenticated by the office is in a foreign language, a to the control of the cont	Name and Address: David Knight 1082 Grandwew Dr Providence UT 84332 cial having custody of records in the ranslation of the certificate under oath m aware that any false information for in s.817.155, F.S.
Officer Officer Officer (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s) 10. This document is executed.	Same and Address: Mike Schaefer 4588 13 200 W Benson UT 84335 For of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted) Futed in accordance with section 605,0203 of the Department of State constitutes a this signature.	S/have authority to manage is Title or Capacity: Officer Officer duly authenticated by the office is in a foreign language, a to the control of the cont	Name and Address: David Knight 1082 Grandwew Dr Providence UT 84332 cial having custody of records in the ranslation of the certificate under oath m aware that any false information for in s.817.155, F.S.
Officer Officer Officer (Use attachments if neces) 9. Attached is a certificate jurisdiction under the law of the translator must be s) 10. This document is executed.	Mike Schaefer 4588 13 3200 W Benson UT 84335 stary) of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted) outed in accordance with section 605,0203 to the Department of State constitutes a this support of State constitutes as the suppo	S/have authority to manage is Title or Capacity: Officer Officer duly authenticated by the office is in a foreign language, a to the control of the cont	Name and Address: David Knight 1082 Grandwew Dr Providence UT 84332 cial having custody of records in the ranslation of the certificate under oath m aware that any false information for in s.817.155, F.S.



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438
Web Site: http://www.commerce.utab.gov

06/14/2018 10513529-016006142018-42286

CERTIFICATE OF EXISTENCE

Registration Number:

10513529-0160

Business Name:

ONE WORLD LANTERN FESTIVAL, LLC

Hathy Berg

Registered Date:

September 05, 2017 LLC - Domestic

Entity Type:

C

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state: its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Kathy Berg

Director

Division of Corporations and Commercial Code