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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

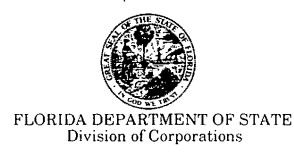
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JUL 1 1 2019 M. SOLOMON



June 20, 2019

MATTHEW CONDER 1674 DEER HAVEN COURT SPENCER, IN 47460

SUBJECT: LUCID TECHNOLOGIES LLC

Ref. Number: W19000058408

We have received your document for LUCID TECHNOLOGIES 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 name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is P12000015751.

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) 245-6051.

Brooke N Kinsey Regulatory Specialist II

Letter Number: 119A00012462

RECEIVED
JUL 1 0 2019

COVER LETTER

TO: Registration Section Division of Corporations

SURJECT: Lucid Technologies 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:

Matthew R Conder
Name of Person
Lucid Technologies LLC
Firm/Company
1674 Deer Haven Court
Address
Spencer, IN 47460
City/State and Zip Code
matt@mylucidtech.com
F-mail address: to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew R Conder Name of Contact Person 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: Please make check payable to: FLORIDA DEPARTMENT OF STATE

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

Locid C	-annunication	5 LLC n Florida. The alternate name must include "Limited Liability O	The second second	
₂ Indiana		3. 83-4132145	отрану, 1,1,3, 60 (1,13)	
(Jurisdiction under the law of v	chich foreign limited hability company is organized)	(FEI number, af a	pplicable)	
	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605 0905, F.S. to de	or to registration.) termine penalty hability)	_	
5. 4503 Outback Court (Street Address of Principal Office)		6. 1674 Deer Hav	6. 1674 Deer Haven Court	
Bloomingt	on, IN 47404	Spencer, IN 47	7 460	
			55 S S S S S S S S S S S S S S S S S S	
7. Name and street addre	ss of Florida registered agent: (P.O. H	Box NOT acceptable)	AL THASSEE	
Name:	Northwest Registered	Agent LLC	FOR THE STATE OF T	
Office Address:	7901 4th St N STE 300			
	St. Petersburg	33702		
	(City)	(Zip code)	_	

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]; Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Matthew R Conder **☑**Manager Name: Address: __ 1674 Deer Haven Court Member Member Address: Spencer, IN 47460 Authorized Authorized Person Person Other_ Other____ Other____ Other___ Name: Manager Manager Member Address: ☐ Member Authorized Authorized Person Person Other____ Other Other Other Manager Name: _____ Manager Manager Name: _____ Member Address: Member | Address: _____ Authorized Authorized Person Person Other Other___ Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree clony as provided for in s.817,155, F.S. Signature of an authorized person Matthew R Conder

Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

LUCID TECHNOLOGIES LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 26, 2019, and was in existence or authorized to transact business in the State of Indiana on June 06, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness-Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 06, 2019

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

201903261312980 / 2019996707

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on July 06, 2019.