(Requestor's Name) (Address) (Address)	100346814691
(City/State/Zip/Phone #)	07.22.2001004014 ++160.00 RECEIVED JUL 1 4 2020
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	2020 JUL 14 PH 2: 18 TALL HALLEPENTE HUNDA

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то _і	Registration Section Division of Corporations			ι		u
ទប់ទីរា	Luce Communications LLC				<u>-</u>	

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:

•

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	Name of Person	
Luce Communications LLC		17.5. DR
	Firm/Company	
2895 Eastpark Drive		
	Address	
Yorba Linda, CA 92887		
	City/State and Zip Code	
jenny, brown @	Drevion. Com (to be used for future annual report notif	
E-mail address:	(to be used for future annual report notif	ication)

For further information concerning this matter, please call:

Jenny Brown	657 600-6808 at ()		
Name of Contact Person	Area Code Daytime Telephone Number		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		
Enclosed is a check for the following amount:			

Please make check payab	e to: FLORIDA DEPARTME	NT OF STATE	X :	••
S125.00 Filing Fee	Certificate of Status	\$155.00 Filing Fee & Certified Copy	<u> </u>	Fee, Certificate & Certified Copy

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:

Luce Communications LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Fl	lorida. The alto	ernate name must include "Limite	d Liability Company," "L.L.C," or "LLC.")
2. <u>(Jurisdiction under the law of w</u>	aich foreign limited liability company is organized)	3	47-44041 (PEI m	(41) number, if applicable)
01/27/2020	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)	bilino	
22895 Eastpark Drive 5. (Street Address of Principal Office)		6. <u> </u>	(Mailing Address)	17 1020 JUL
Yorba Linda, CA 9288		_		
· ····			<u></u>	-LORIDA
7. Name and street addres	s of Florida registered agent: (P.O. Box	(<u>NOT</u> ac	ceptable)	,
Name:	Jon Carlson			
Office Address:	10541 Baracoa Ct.			

Trinity _______. Florida _______. (City) (Zip code)

Registered agent's acceptance:

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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agre to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(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:	<u>Title or Capacity</u>	Name and Address:
□Manager	Name:	□Manager	Name:
□Member	Address: 22895 Eastpark Drive		Address:
Authorized	Yorba Linda, CA 92887		
Person		Person	
□Other	[]Other	Other	Other
□Manager	Nestor Barinaga Name:	_ 🗆 Manager	Name:
□Member	Address: 22895 Eastpark Drive	□Member	Address:
Authorized	Yorba Linda, CA 92887	Authorized	
Person		Person	
Other	Other	Other	
Manager	Lisa Williams	Manager	Name:
Member	Address:		Address:
Authorized	Yorba Linda, CA 92887	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. Non-indexed 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. 1 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person Jenny Brown

Typed or printed name of signee

State of California

Secretary of State CERTIFICATE OF STATUS

ENTITY NAME: LUCE COMMUNICATIONS, LLC

FILE NUMBER: FORMATION DATE: TYPE: JURISDICTION: STATUS: 201515310489 06/02/2015 DOMESTIC LIMITED LIABILITY COMPANY CALIFORNIA ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California hereby certify:

The entity is authorized to exercise all of its powers, Fights privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of June 24, 2020.

ALEX PADILLA Secretary of State

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