

M230000004853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

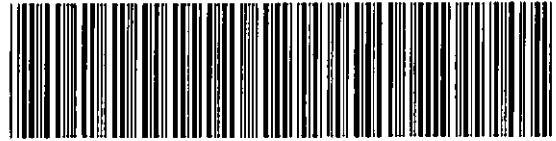
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 MAR 28 PM 2:00  
SECRETARY OF STATE  
TOLSON, MISSOURI

COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: PALO ALTO LIGHTING, 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:

VINCENT ALLARD

Name of Person

CORPOMAX INC.

Firm/Company

2915 OGLETOWN RD

Address

NEWARK, DE 19713

City/State and Zip Code

INFO@CORPOMAX.COM

E-mail address: (to be used for future annual report notification)

2023 MAR 28 PM 2:00  
RECEIVED  
TALLAHASSEE  
STATE

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For further information concerning this matter, please call:

VINCENT ALLARD

Name of Contact Person

at ( 302 ) 266-8200

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & 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:

1. PALO ALTO LIGHTING, LLC

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

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1035 22ND AVENUE

(Street Address of Principal Office)

OAKLAND, CA 94606

1220 BOUL. MARIE-VICTORIN

6.

(Mailing Address)

LONGUEUIL, QC J4G2H9

CANADA

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

NRAI SERVICES, INC.

Office Address:

1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida 33324

(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 agree  
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)

Linda Stauffer

Assistant Secretary

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:**

☐ Manager                      Name: JEFF CROSKEY

☐ Member                      Address: 1035 22ND AVENUE

☐ Authorized                      OAKLAND, CA 94606

Person \_\_\_\_\_

☒ Other CEO                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: STEVEN J. RAINES

☐ Member                      Address: 1035 22ND AVENUE

☐ Authorized                      OAKLAND, CA 94606

Person \_\_\_\_\_

☒ Other VP SALES                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: PETER TIMOTHEATOS

☐ Member                      Address: 1035 22ND AVENUE

☐ Authorized                      OAKLAND, CA 94606

Person \_\_\_\_\_

☒ Other EXEC. VP                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: FRANK LUCERO

☐ Member                      Address: 1035 22ND AVENUE

☐ Authorized                      OAKLAND, CA 94606

Person \_\_\_\_\_

☒ Other CFO                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: ADAM CIECIURA

☐ Member                      Address: 1035 22ND AVENUE

☐ Authorized                      OAKLAND, CA 94606

Person \_\_\_\_\_

☒ Other COO                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: PETYA VELIKOVA

☐ Member                      Address: 1035 22ND AVENUE

☐ Authorized                      OAKLAND, CA 94606

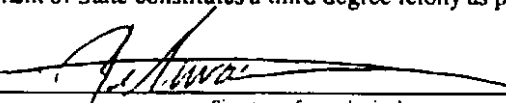
Person \_\_\_\_\_

☒ Other TREASURER                      ☐ 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. I 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

PETYA VELIKOVA, TREASURER  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALO ALTO LIGHTING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALO ALTO LIGHTING, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.


2023 MAR 28 PM 2:00  
SECRETARY OF STATE  
DELAWARE



6358105 8300

SR# 20231100252

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202977983

Date: 03-22-23