

12100005749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICKUP WAIT MAIL

(Business Entity Name)

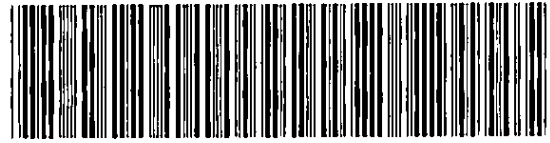
(Document Number)

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RECEIVED
2021 MAY 14 PM 2:35
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lux Networking, Inc.

Signature _____

Requested by: SETH

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Lux Networking, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Goede, Adamczyk, DeBoest & Cross, PLLC
Name (Printed or typed)

6609 Willow Park Drive, Second Floor
Address

Naples, FL 34109
City, State & Zip

239-331-5100
Daytime Telephone number

jgoede@gadclaw.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Lux Networking, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>6609 Willow Park Drive</u> <u>Second Floor</u> <u>Naples, FL 34109</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided for in the

Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Alicia Farman, President</u> Address: <u>6609 Willow Park Drive</u> <u>Second Floor</u> <u>Naples, FL 34109</u>	Name and Title: <u>Patrick Dearborn, Vice President</u> Address: <u>6609 Willow Park Drive</u> <u>Second Floor</u> <u>Naples, FL 34109</u>
Name and Title: <u>Rob Paul, Treasurer</u> Address: <u>6609 Willow Park Drive</u> <u>Second Floor</u> <u>Naples, FL 34109</u>	Name and Title: <u>Scott Leamon, Secretary</u> Address: <u>6609 Willow Park Drive</u> <u>Second Floor</u> <u>Naples, FL 34109</u>
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: John C. Goede, Esq.

Address: 6609 Willow Park Drive, Second Floor

Naples, FL 34109

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alicia Farman

Address: 6609 Willow Park Drive, Second Floor

Naples, FL 34109

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:


Required Signature of Registered Agent

May 14, 2021
Date

I submit this document and affirm that the facts stated herein are true. 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.

151 Alicia Farman
Required Signature of Incorporator

May 14, 2021
Date