

P19000016810

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : VCORP SERVICES, LLC
Account Number : 120080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

2019 FEB 26 PM 1:13
FALL MASSACHUSETTS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Lighthouse Protection Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

B 2/27/19

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Lighthouse Protection Corp
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

521 Manns Harbor Drive 57 Edgecomb Road

Apollo Beach, FL 33572 Cheshire CT 06410

ARTICLE III PURPOSE Advisory Services
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 200
The number of shares of stock is: _____

2019 FEB 26 PM 1:14
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 02/26/2019 BY 60322
UCBAW/STP/STP

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gus Bottazzi, CEO Name and Title: _____
Address 521 Manns Harbor Drive Address: _____
Apollo Beach, FL 33572 _____

Name and Title: _____ Name and Title: _____
Address _____ 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: Vcorp Services, LLC
 Address: 5011 South State Road 7, Suite 106
Davie, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Racesa Ibrahim
 Address: 25 Robert Pitt Drive, Suite 204
Monsey, NY 10952

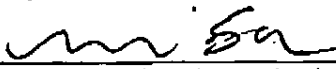
ARTICLE VIII EFFECTIVE DATE:

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

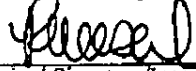
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 02/25/2019
 Required Signature/Registered Agent Date

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

 02/25/2019
 Required Signature/Incorporator Date