

N12000006201

Lillian L. Pierson
(Requestor's Name)

P.O. Box 2914
(Address)

Winter Park, FL 32790-2914
(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
6/25/12

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

FILED

12 JUN 22 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Fuzion Lab, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1211 Schultz Avenue

Winter Park, FL 32789

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This organization will serve charitable, religious, educational, scientific, literary, prevention of cruelty to children and animals, and testing for public safety purposes. We will be helping people and the environment, both in the United States and Internationally.

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

Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lillian Pierson, President

Address: 1211 Schultz Ave.

Winter Park, FL 32789

Name and Title: _____

Address: _____

Name and Title: Dana Lichty, Vice-President

Address: 1419 Briarcliff Dr

Orlando, FL 32806

Name and Title: _____

Address: _____

Name and Title: Angeli Martin, Secretary-Treasurer

Address: 515 Caladesi Trail

Orlando, FL 32807

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Lillian Pierson

Address: 1211 Schultz Ave

Winter Park, FL 32789

Dissolution Clause: Upon Dissolution,
(1) No asset will be retained by Share-
holders, officers, or the director
of Fuzion Lab, Inc.
(2) All remaining assets will be donated
to another 501(c)3 organization.

Lillian Pierson

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lillian Pierson

Address: 1211 Schultz Ave

Winter Park, FL 32789

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

Lillian Pierson

Required Signature of Registered Agent

06/19/12

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.

Lillian Pierson

Required Signature of Incorporator

06/19/12

Date