

7140000/0593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____

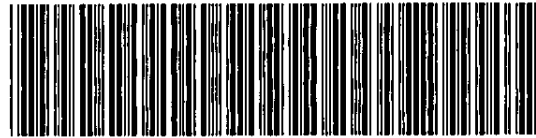
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV 18 PM 1:35

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AND
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COVER LETTER

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

SUBJECT: Let Your Light Shine Corp.

(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: Juliet Bond

Name (Printed or typed)

1311 NW 195 ST

Address

Miami, FL 33169

City, State & Zip

305-244-6525

Daytime telephone number

bondj305@yahoo.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: **Let Your Light Shine Corp**

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1311 NW 195 ST Miami, FL 33169

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Providing trouble young adults with assistance**

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:
Through votes

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Juliet Bond, President**

Address: **1311 NW 195 ST Miami, FL 33169**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECTION 617.01, F.S.
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AND
FILED

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: Juliet Bond
Address: 1311 NW 195 ST Miami, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Juliet Bond
Address: 1311 NW 195 ST Miami, FL 33169

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.

Juliet Bond
Required Signature of Registered Agent

11-5-2014
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.

Juliet Bond
Required Signature of Incorporator

11-5-2014
Date

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