# P0000037875

## Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : AL CLARK
Account Number : 072100000173
Phone : (727)398-6011
Fax Number : (727)397-5189

### FLORIDA PROFIT CORPORATION OR P.A.

LIGHTSCAPES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$70.00

DIVISION OF CHARACTORS
ON APR 14 AM 8: 35

# H000000 16970

#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be

#### LIGHTSCAPES, INC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

#### 1686 10TH WAY S.W. LARGO, FL.33778

#### ARTICLE III **SHARES**

The number(s) of shares of stock that this corporation is authorized to have outstanding at any one time is:

#### 1000 SHARES NO PAR

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET **ADDRESS**

The name and address of the initial registered agent is: prepared by:

Name: SUSAN MILES

Address: 1666 10TH WAY S.W.

LARGO, FL.33778

Accounting & Tax Help, INC. 8668 PARK BLVD Suite .A

SEMINOLE, Florida 33777

# 4000000 16970

#### ARTICLE V DIRECTOR(S)

The number of directors constituting the initial Board of Directors of the corporation is One (1) and the name(s) and address(es) of the person(s) who is to serve as director(s) until the first annual meeting of shareholders or until his or her successor(s) is(are) elected and qualified is(are):

SUSAN MILES (Pres.) 1666 10TH WAY S.W. LARGO, FL.33778

#### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Articles of Incorporation is (are):

SUSAN MILES 1666 10TH WAY S.W. LARGO, FL:33778

	l incorporat day of			hese Articles	of Incorporation the	iis
		must be adde	d if an effec	tive date is re		
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Notarization is not required

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# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA

1,	The	name	of	the	corp	oration	îs:
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LIGHTSCAPES, INC.

2. The name and address of the registered agent and office is:

Accounting & Tax Help, INC. (Name)

8668 PARK BLVD. Suite A (P.O. Box not acceptable)

SEMINOLE, Florida 33777 (City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

(Signature)
PRESIDENT

DATE <u>04-13-00</u>

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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