TRANSMITTAL LETTER Department of State Division of Corporations

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

SUBJECT:	+ I//Um/	WATTONS, orate name - must include su	TNC:				
		8	00003205278- -04/12/000108501 ******78.75 ******78				
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	□\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate				
		ADDITIONAL COPY REQUIRED					
FROM:	JAY MARA (I	Printed or typed)					
96/ S. W. 857 Address							
	BOCA RAT	ON FL , State & Zip I	33486 ====================================				
_	56/392 Daytime	P-335/ Telephone number	FILED OD APR 12 PM : SECRETARY OF STALLAHASSEE, FI				

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

4/2)



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

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The name of the corporation shall be:

A+ ILLUMINATIONS, INC.

ARTICLE	TT	PRINCIPAL	OFFICE
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The principal place of business and mailing address of this corporation shall be:

961 S.W. 85T. BOCA PATON, FL 33486

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JAY MATA 961 S.W. 8ST. BOCA RATON, FC. 33486

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are: TAY MAYA

961 S.W. 85T. BOCA RATON, F.C. 33486

Signature/jacorporator Date

(An additional article must be added if an effective date is requested.)

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/Registered Agent Date