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SECRETARY OF STATE

T. BURCH NUV. 2020

COVER LETTER

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

SUBJECT: LightSca	pes Solutions, Inc.			
	(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an origi	nal and one (1) copy of the artic	les of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Ge	rald B. Sauls, Jr.			
Name (Printed or typed)				
	113 N. Lake Cunningham Ave.	Address	<u> </u>	
<u>.</u>	Jacksonville, FL 32259 City,	State & Zip		
:	904-230-2830 Daytime Te	elephone number	<u>.</u>	

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LightScapes Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

113 N. Lake Cunningham Ave. Jacksonville, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares of common stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Gerald B. Sauls, Jr. - President, Secretary, Treasurer 113 N. Lake Cunningham Ave. Jacksonville, FL 32259

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: USA-RA, LLC 841 Prudential Dr., 12th FLr. Jacksonville, FL 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Gerald B. Sauls, Jr. 113 N. Lake Cunningham Ave. Jacksonville, FL 32259

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

SEE ATTACHED	
Signature/Registered Agent	Date
Gerald B. Sauls for	11/14/2008
Signature/Incorporator	Date

2008 NOV 20 PN 4: 20 SECRETARY OF STATE

Consent to serve as Florida Statutory Agent

I, Kyle Lavender, Managing Member of USA-RA LLC, hereby sign on behalf of USA-RA LLC who shall consent to serve as Statutory Agent in the state of Florida for:

Light Scapes Solutions, Inc.

I understand it will be our responsibility to accept service of process on behalf of the corporation, to forward mail addressed to the corporation in care of USA-RA LLC, and to immediately notify the Florida department of state if we resign or change the statutory office address. Our statutory office address and mailing address is:

USA-RA LLC

841 Prudential Drive Floor 12-6491007 Jacksonville, FL 32207

USA-RA LLC

If signing on behalf of a company, please print company name here.