

PI1000067571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

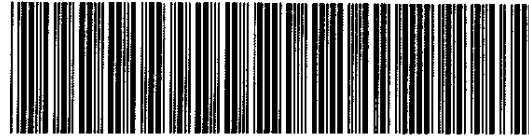
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUL 26 PM 12:46

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: DLEDBULB, INC

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: MARTIN SHIN

Name (Printed or typed)

2637 E ATLANTIC BLVD, SUITE 17227

Address

POMPANO BEACH, FL 33062

City, State & Zip

781-269-2852

Daytime Telephone number

MARTIN@DLEDBULB.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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **DLEDBULB, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2637 E ATLANTIC BLVD, SUITE 17227
POMPANO BEACH, FL 33062

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Sell lightning products online

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARTIN SHIN, CEO	Name and Title: _____
Address: 8812 BANYAN COVE CIR	Address: _____
FORT MYERS, FL 33919	_____
_____	_____
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:

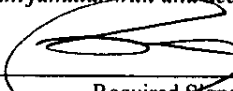
Name: **MARTIN SHIN**
Address: **8812 BANYAN COVE CIR**
FORT MYERS, FL 33919

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MARTIN SHIN**
Address: **8812 BANYAN COVE CIR**
FORT MYERS, FL 33919

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



Required Signature/Registered Agent

7/22/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.



Required Signature/Incorporator

7/22/2011

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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