

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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TALLAHASSEE, FLORIDA

12 JAN 11 PM 4:34

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
EASY LIGHT, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 11 AM 11:22

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Corporate Filing Menu

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Ps 1/12/12

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME
The name of the corporation shall be: Easy Lights, Inc.

12 JAN 11 AM 11:22

ARTICLE II PRINCIPAL OFFICE
Principal street address
4164 NW 132 Street
Miami, Florida 33054

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yoel Martinez / P & S
Address: 4164 NW 132 Street
Miami Florida 33054

Name and Title:
Address:

Name and Title: Osmar Oliva / VP & T
Address: 4164 NW 132 Street
Miami Florida 33054

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Osmar Oliva
Address: 4164 NW 132 Street
Miami Florida 33054

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Yoel Martinez
Address: 4164 NW 132 Street
Miami Florida 33054

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

1-11-12
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

1-11-12
Date

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