## P12000042007

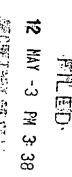
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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## **COVER LETTER**

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

SUBJECT: Ion Lights, 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 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL CO	OPY REQUIRED	
FROM: J. J. Muchovej Name	(Printed or typed)		
P O Box 25			
	Address		
Lloyd, FL 32337 City, State & Zip			
(850) 997-6508  Daytime To	elephone number		
ionlightsgfx@gmail.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)

	Fil En.
The name of the corporation shall be:	12 MAY -3 PM 3: 38
-	12: MAY -3 PM 3: 30
ARTICLE II PRINCIPAL OFFICE	Mailingaddress if different is:
Principal <u>street</u> address 16 Osprey Lane E	P.O.Box 25
Monticello, FL 32344	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	•
1. Creation of graphics and motion graphics	
2. Production of intellectual content for intellectual	rnet educational media.
ARTICLE IV SHARES	
The number of shares of stock is: 1,000 (one thousa	nd)
ARTICLE V INITIAL OFFICERS AND/OR DIR	DECTODS
Name and Title: J. J. Muchovei, Pres.	
Address: P O Box 25	Address: P O Box 25
Lloyd, FL 32337	Lloyd, FL 32337
Name and Title: J. F. P. Muchovei, Designer	Name and Title:
Address: P O Box 25	Address:
Lloyd, FL 32337	
Name and Title:	Name and Title:
Address:	Address:
	•
The name and Florida street address (P.O. Box NOT acce	ontable) of the registered agent is:
Name: J. J. Muchovei	
Address: 16 Osprey Ln E	
Monticello, FL 32344	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: J. J. Muchovej	
Address: P O Box 25 Lloyd, FL 32337	
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 appointm	ent as registered agent and agree to act in this capacity
1 Men	30 April 2012
Required Signature/Registered A	Agent Date
I submit this document and affirm that the facts stated h	herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a third de	gree Jeiony as provided for in \$.81 /.155, F.S.
1 190-7-	30 April 2012
Required Signature/Incorpora	ator 30 April 2012 Date