

P 12,000,000 79055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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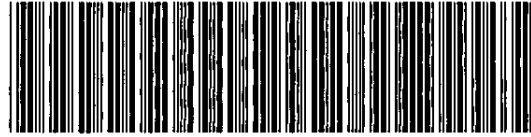
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 17 PM 2:15

9/18/12

## COVER LETTER

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

**SUBJECT: LIGHT OF AWAKENING, 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: CHRISTOPHER DESANTI**

Name (Printed or typed)

**100 NE 6TH STREET, UNIT 304**

Address

**BOYNTON BEACH, FL 33435-4162**

City, State & Zip

**561-391-1411**

**561-531-1176**

Daytime Telephone number

**CLAUDETTE@ATHOMEWITHCLAUDETTE.COM**

E-mail address: (to be used for future annual report notification)

**Christopher-desanti@yahoo.com**

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

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

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DIVISION OF CORPORATIONS

**ARTICLE I NAME** LIGHT OF AWAKENING, INC.  
The name of the corporation shall be:

12 SEP 17 PM 2: 15

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
100 NE 6TH STREET, UNIT 304  
BOYNTON BEACH, FL 33435

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
PROFIT

**ARTICLE IV SHARES**  
The number of shares of stock is: 100 (ONE HUNDRED)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CHRISTOPHER DESANTI, President	Name and Title: _____
Address: 100 NE 6TH STREET, UNIT 304	Address: _____
BOYNTON BEACH, FL 33435	_____

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: CHRISTOPHER DESANTI  
Address: 100 NE 6TH STREET, UNIT 304  
BOYNTON BEACH, FL 33435

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHRISTOPHER DESANTI  
Address: 100 NE 6TH STREET, UNIT 304  
BOYNTON BEACH, FL 33435

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

✓ 9-12-12  
\_\_\_\_\_  
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

✓ 9-12-12  
\_\_\_\_\_  
Date