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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

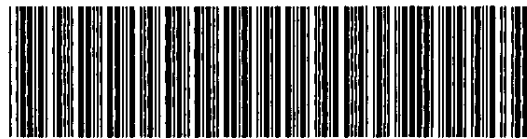
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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THE
FEDERAL
DEPARTMENT OF
EDUCATION

267
90

COVER LETTER

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

SUBJECT: Doctor Headlight 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: Michael Jeffrery Condello

Name (Printed or typed)

272 Johnny Cake Dr.

Address

Naples FL, 34110

City, State & Zip

239-961-8783

Daytime Telephone number

customersupport@doctorheadlight.naples.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: Doctor Headlight Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

272 Johnny Cake Dr.

Naples FL 34110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Headlight Restoration and Rim Repair

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Condello CEO

Address: 272 Johnny Cake Dr.
Naples FL, 34110

Name and Title: Jeffrery Condello COO

Address: 3299 Twilight Ln.
Apt. 5203
Naples 34109

Name and Title: Karen Condello CFO

Address: 272 Johnny Cake Dr.
Naples FL, 34110

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

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: Michael Condello
Address: 272 Johnny Cake Dr.
Naples FL, 34110

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Michael Condello
Address: 272 Johnny Cake Dr.
Naples FL, 34110

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

Michael Condello
Required Signature/Registered Agent

1/30/2013

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.

Michael Condello
Required Signature/Incorporator

1/30/2013

Date

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TALLAHASSEE FLORIDA