

P13000080393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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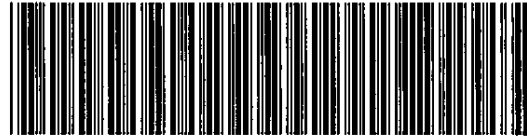
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K 10/01/13

COVER LETTER

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

SUBJECT: _____

LUMINATION, 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: _____

KEVIN LAHIJANI

Name (Printed or typed)

401 ALMERIA AVE

Address

CORAL GABLES, FL 33134

City, State & Zip

305-781-3847

Daytime Telephone number

SKATEBREAK1016@HOTMAIL.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:

LUMINATION, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

LUMINATION, INC
401 ALHERIA AVE.
CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE ENERGY EFFICIENT,
EEO FRIENDLY LIGHTING TO RESIDENTIAL, COMMERCIAL,
HOSPITALITY & INDUSTRIAL END USERS.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEVIN LAHIJANI, PRES Name and Title: _____

Address

Address: _____

401 ALHERIA AVE.
CORAL GABLES, FL 33134

Name and Title: _____ Name and Title: _____

Address

Address: _____

Name and Title: _____ Name and Title: _____

Address

Address: _____

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CLERK OF STATE
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: KEVIN LAHLTANI
Address: 401 ALMERIA AVE.
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KEVIN LAHLTANI
Address: 401 ALMERIA AVE.
CORAL GABLES, FL 33134

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TALLAHASSEE, FLORIDA

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

Kevin Lahlani
Required Signature/Registered Agent

9/24/13
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.

Kevin Lahlani
Required Signature/Incorporator

9/24/13
Date