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END 1/14

COVER LETTER

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

SUBJECT: Ion Lights Design + Development, 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: John Muchovej
Name (Printed or typed)

P O Box 25
Address

Lloyd, FL 32337
City, State & Zip

850 345 0164
Daytime Telephone number

john@ionlights.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: Ion Lights Design + Development, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

16 Osprey Lane

Monticello, FL 32344

Mailing address, if different is:

P O Box 25

Lloyd, FL 32337

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to create:

1. Website design + development;
2. Desktop/Mobile/Web application design + development;
3. Design strategy for the internet; and
4. Product design + development (engineering).

ARTICLE IV SHARES

The number of shares of stock is: 1000 (one thousand)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|---------------------------|-----------------|------------------------|
| Name and Title: | <u>J.E.P. Muchovej, P</u> | Name and Title: | <u>A. Muchovej, VP</u> |
| Address | <u>P O Box 25</u> | Address: | <u>P O Box 25</u> |
| | <u>Lloyd, FL</u> | | <u>Lloyd, FL</u> |

| | | | |
|-----------------|------------------------|-----------------|---------|
| Name and Title: | <u>J. Muchovej, VP</u> | Name and Title: | <u></u> |
| Address | <u>P Box 25</u> | Address: | <u></u> |
| | <u>Lloyd, FL</u> | | <u></u> |

| | | | |
|-----------------|---------|-----------------|---------|
| Name and Title: | <u></u> | Name and Title: | <u></u> |
| Address | <u></u> | Address: | <u></u> |

(cont)

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: James Muchovej
Address: 16 Osprey Lane
Monticello, FL 32344


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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: John Muchovej
Address: 16 Osprey Lane
Monticello, FL 32344

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

1-2-14
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

01/01/2014
Date