

P/4 UUU03272

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(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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Certificates of Status

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14 JAN -8 PM 3:32
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FEB 11 2014
FEB 11 2014

Handwritten signature and date 1-4-14

COVER LETTER

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

SUBJECT: Ion Lights Academic, 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: James Muchovej

Name (Printed or typed)

P O Box 25

Address

Lloyd, FL 32337

City, State & Zip

850 345 0164

Daytime Telephone number

james@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)

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SECRETARY OF STATE
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ARTICLE I NAME

The name of the corporation shall be: Ion Lights Academic, 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. Academic and academic use audio-visuals;
2. Academic and academic use teaching materials; and
3. Academic product development.

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: J. Muchovej, Pres

Address: P O Box 25
Lloyd, FL

Name and Title: A. Muchovej, VP

Address: P O Box 25
Lloyd, FL

Name and Title: J.E.P. Muchovej, VP

Address: P Box 25
Lloyd, FL

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(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

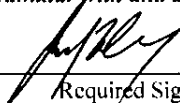
ARTICLE VII INCORPORATOR

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

Name: James Muchovej

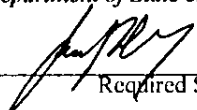
Address: 16 Osprey Lane
Monticello, FL 32344

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

1-2-14
Date